Surrey County Council.

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1935

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PREFACE.

To the Members of the Surrey County Council.

My Lord, Ladies and Gentlemen,

I have the honour to submit my Annual Report for the year 1935.

The Report has been prepared on the lines indicated in Circular 1492 issued by the Ministry of Health. It incorporates the principal vital statistics of the County for 1935 and gives details of the work of the Public Health Department during the year.

The population of the Administrative County continues to increase rapidly. The Registrar-General's estimate of the population at mid-year 1935 was 1,088,400, which represents an increase of 40,650 (or 3.9 per cent.) over the estimated population at mid-year 1934. These figures compare with an increase of 32,210 (or 3.17 per cent.) for the year 1934, and 31,440 (or 3.2 per cent.) for the year 1933. The average yearly increase for the Inter-Censal period 1921-1931 was 2.8 per cent. This abnormal growth of population necessitates constant revision and extension of the Public Health (and other) services undertaken by the County Council.

As regards vital statistics, the Administrative County compares favourably with the Country as a whole. The general death rate shows a further decline ; the death rate from Cancer has again increased slightly, but the death rates from heart disease, respiratory diseases (non-tuberculous) and both pulmonary and non-pulmonary tuberculosis have all decreased. The death rate from pulmonary tuberculosis in the County is the lowest recorded since the disease became notifiable in 1912.

The demand on accommodation in the Public Assistance Hospitals of the County continues to increase. In past years additional beds have been provided by adapting portions of various institutions for the reception of chronic sick persons, but with the adaptation of the Central Relief Institution at Kingston for this purpose it is unlikely that any further extensive additions to the available hospital accommodation can be provided by way of adaptations.

The alterations and extensions at Reigate Institution were nearly completed by the end of 1935. Plans of the proposed hospital at St. Helier were submitted to and approved by the Minister of Health during the year. Working drawings and specifications are being prepared and it is hoped that building operations will begin during the current year. Alterations and improvements of other Public Assistance Hospitals, namely, Kingston and District Hospital and Warren Road Hospital, Guildford, are under consideration.

The scheme for the home nursing of Public Assistance cases, adopted in 1933, is being used to an increased extent and serves a useful purpose in easing the pressure on hospital beds.

The Anti-Tuberculosis Scheme was reviewed during the year and the County Council approved a scheme of future expansion which will be put into operation as the need arises. The appointment of an additional Tuberculosis Officer and of two Dispensary Clerks to meet the immediate needs was also approved. The principle that visiting of tuberculous patients should, as far as possible, be done by full-time Tuberculosis Health Visitors was also accepted.

Attention is drawn to the Medical Superintendent's report on the work of the County Sanatorium, Milford.

During the year the County Council approved a scheme for the routine medical examination of pre-school children, on a voluntary basis, at the ages of two, three and four years.

There was an abnormally high incidence of a mild form of Dysentery in various districts in the County during the year. A report on this epidemic by Dr. J. Fanning, Assistant County Medical Officer of Health, is incorporated in the Annual Report.

In conclusion, I wish to express my deep appreciation of the loyal and willing assistance given by all members of my staff.

I have the honour to be,

My Lord, Ladies and Gentlemen,

Your Obedient Servant,

J. FERGUSON,
County Medical Officer.

STAFF OF COUNTY PUBLIC HEALTH DEPARTMENT.

County Medical Officer of Health.

J. Ferguson, B.A., M.B., B.Ch., D.P.H.

Deputy County Medical Officer of Health.

A. Davidson, M.D., Ch.B., D.P.H.

Medical Officers on Special Duties.

Livingstone, D. M. ...	B.Sc., M.D., Ch.B., Central Office Administration.
Soutar, K. A.	B.Sc., M.B., B.S., M.R.C.P., D.P.H., Central Office Administration.
Steward, S. J., D.S.O. ...	M.D., B.Ch., D.P.H., Mental Services.
Renwick, A. C.	M.D., Ch.B., D.P.H., Tuberculosis.
Attlee, C. K.	M.R.C.S., L.R.C.P., Tuberculosis.
Campbell, A. H.	B.Sc., M.D., M.R.C.P.(Ed.), D.P.H., Tuberculosis.

Assistant Medical Officers on General Duties.

Bennett, Helen G. M. ... (appointed 2/12/35)	M.B., Ch.B., D.P.H.
Blackstock, E.	B.Sc., M.D., B.Ch., B.A.O., D.P.H.
Clark, Elizabeth F. M. ...	B.Sc., M.B., Ch.B., D.P.H.
Culley, A. R.	B.Sc., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Dean, Hilda C.	M.B., B.S., D.P.H., M.R.C.S., L.R.C.P.
Fanning, J.	M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Gibson, G. H.	M.B., Ch.B., D.P.H.
Grundy, E. ... ... (resigned 10/8/35)	M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.
Hayes, A. H.	F.R.C.P., M.R.C.S., D.P.H.
Hodge, Agnes J. ... ... (resigned 31/8/35)	M.B., C.M., L.M., D.P.H.
Hooper, Phyllis N. ... (appointed 6/6/35)	B.Sc., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
Ironside, A. E., M.C. ...	M.R.C.S., L.R.C.P., L.D.S., D.P.H.
Kettle, A. B.	M.D., B.S., M.R.C.S., M.R.C.P., D.P.H.
Lakin, C. L.	M.D., B.S., M.R.C.S., L.R.C.P.
Langford, Frank ... ... (appointed 22/2/35)	F.R.C.S., L.R.C.P., D.P.H.
Lishman, F. J. G. ...	M.D., B.S., M.R.C.S., L.R.C.P., D.L.O., D.P.H.
Macmillan, Ada J. ...	M.D., Ch.B.
Scott, W. A. ... ... (resigned 28/2/35)	B.Sc., M.D., B.Ch., D.P.H.
Seccombe, S. T.	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Wright, E. M. ... ... (appointed 16/9/35)	M.B., B.Ch., D.P.H.

Dental Surgeons.

Avent, J. G., M.C. ...	L.D.S.
Benfield, J. E. ... ... (appointed 27/5/35)	L.D.S.
Butt, E. S.	L.D.S.
Clark, Jean Graham ...	M.R.C.S., L.R.C.P., L.D.S.
Conder, Geoffrey M. ... (appointed 13/5/35)	M.R.C.S., L.R.C.P., L.D.S.
Forrest, Jean R.	L.D.S.
Graham, G. E.	L.D.S.
Griffin, T. H.	L.D.S.
Hagen, F. J.	L.D.S.
House, D. R.	M.R.C.S, L.R.C.P., L.D.S.
Irvine, Elizabeth W. C. ...	B.D.S.
Lee, Austin	L.D.S.
McClelland, D. M. ...	L.D.S.
Peacock, B.	L.D.S.

Dental Surgeon—Part Time.

Hughes, A. Morgan, M.C. M.R.C.S., L.R.C.P., L.D.S.

Chief Clerk.

Chalmers, T.

Superintendent Health Visitor.

Miss K. Dinsley, S.R.N., S.C.M.

Health Visitors.

There are 71 health visitors on the staff, 57 of whom are engaged on combined duties (viz. Education, Maternity and Child Welfare, Tuberculosis, and Mental Deficiency). The remaining 14 have similar duties, except that they do no maternity and child welfare work.

The following is a summary of the qualifications possessed by each health visitor:—

Supt. Health Visitor possesses qualifications number		1, 2, 3, 4, 5
1	Health Visitor ,,	1, 2, 3, 4
1	,, ,, ,,	1, 2, 3, 5
60	,, ,, ,,	1, 2, 3
3	,, ,, ,,	1, 2
3	,, ,, ,,	2, 3
1	,, ,, ,,	2
1	,, ,, ,,	1, 2, 3, 6
71		

1. Fully trained nurse.
2. Certificate of Central Midwives Board.
3. Certificate for Health Visitors (Royal Sanitary Institute).
4. Certificate for Maternity and Child Welfare (Royal Sanitary Institute).
5. Certificate for Sanitary Inspector (Royal Sanitary Institute).
6. Diploma of Nursing, London University.

Dental Attendants 7

Veterinary Officers.

Chief Veterinary Officer.

Clark, E. ... ... M.R.C.V.S., D.V.S.M.

Assistants.

Griffiths, J. B. ... ... M.R.C.V.S.
Rhodes, W. ... ... B.Sc., M.R.C.V.S.
Mills, G. H. ... ... M.R.C.V.S., D.V.S.M.

County Sanatorium.

Medical Superintendent.

Allison, R. J. ... ... M.R.C.S., L.R.C.P.

Assistants.

Cooper, A. ... ... M.A., M.D., Ch.B.
Nathan, N. J. ... ... L.R.C.P., M.R.C.S.
Gordon, I. ... ... M.B., Ch.B., D.P.H.

Matron.

Miss E. Hall.

Consulting Obstetricians for Maternity and Child Welfare purposes.

Beattie, W. J. R. M. ... M.A., M.D., B.Ch., F.R.C.S., M.C.O.G.
Butler, H. B., M.B.E. ... F.R.C.S.
Higgins, L. G. ... ... M.B., F.R.C.S., M.C.O.G.

PUBLIC ASSISTANCE HOSPITALS.

MEDICAL STAFF.

Hospital.	Position.	Name.	Qualifications.
Blechingley ...	Medical Officer (part-time)	Butcher, W. H. ...	M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.
	Assistant Medical Officer (part-time) ...	Bent, P. C. V. ...	M R.C.S., L.R.C.P.
Dorking ...	Medical Officer (part-time)	Fardon, A. H. ...	M.A., M.D., M.R.C.S., L.R.C.P., D.P.H.
Epsom... ...	Medical Officer (part-time)	Stones, G. F. ...	M.B., Ch.B., F.R.C.S. (E).
	Assistant Medical Officer (part-time) ...	Kendall, G. M. ...	M.B., M.R.C.P., M.R.C.S.
	Resident Assistant Medical Officer ...	Parkes, K.	M.D., B.S., F.R.C.S., L.R.C.P.
	Visiting Tuberculosis Officer	Campbell, A. H. ...	B.Sc., M.D., M.R.C.P., D.P.H.
Farnham ...	Medical Officer (part-time)	Hobbs, F. B. ...	B.A., M.D., B.Ch., M.R.C.P., M.R.C.S., D.P.H.
	Assistant Medical Officer (part-time) ...	Hussey, J.	M.D., M.R.C.S., L.R.C.P
	Assistant Modical Officer (part-time) ...	Roberts, G. H. ...	M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
	Visiting Radiologist (part-time)	Imrie, D.	M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., R.F.P.S., D.M.R.E.
	Hon. Visiting Physician and Surgeon (part-time)	Tanner, C. E. ...	M.D., F.R.C.S.
	Visiting Tuberculosis Officer	Allison, R. J. ...	M.R.C.S., L.R.C.P.
Guildford ...	Medical Officer (Non-Resident)	Rees, J. O. M. ...	B.Sc., M.R.C.S., L.R.C.P.
	Assistant Medical Officer (Resident) ...	Dougall, H. ...	M.B., Ch.B.
	Visiting Radiologist (part-time)	Imrie, D.	M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., L.D.S., R.F.P.S., D.M.R.E.
	Visiting Surgeon (part-timo)	Maitland, C. D. ...	M.B., B.S., F.R.C.S.
	Visiting Obstetrician (part-time)	Butler, H. B. ...	M.B.E., F.R.C.S., L.R.C.P.
Hambledon ...	Medical Officer (part-time)	Mills, W. T.... ...	M.R.C.S., L.R.C.P.
Kingston ...	Medical Superintendent (Resident) ...	Davies, P. V. ...	M.R.C.S., L.R.C.P.
	1st Assistant Medical Officer (Resident)	Van Buuren, N. A. A.	B.A., M.B., B.S., F.R.C.S.(E), L.R.C.P.
	2nd Assistant Medical Officer (Resident)	Naz, L. P.	M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident) ...	Jones, G. F. ...	M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident) ...	Brocklebank, J. A. ...	M.B., B.S., M.R.C.S., L.R.C.P.
	Junior Medical Officer (Resident)... ...	Short, R. H. D. ...	M.R.C.S., L.R.C.P.
	Visiting Aural Surgeon (part-time)... ...	Griffiths, J. I. ...	B.Sc., M.B., B.S., F.R.C.S., L.R.C.P.
	Visiting Obstetrician (part-time) ...	O'Sullivan, J. V. ...	M.D., B.Ch., F.R.C.S., M.R.C.P., M.A.O., M.C.O.G.
	Visiting Ophthalmic Surgeon (part-time)	Letchworth, T. W. ...	B.A., M.B., B.Ch., F.R.C.S., L.R.C.P.
	Visiting Orthopædic Surgeon (part-time)	Todd, A. H. ...	B.Sc., M.S., F.R.C.S., L.R.C.P.
	Visiting Physician (part-time)	Warner, E. C. ...	B.Sc., M.D., B.S., F.R.C.P., M.R.C.S.
	Visiting Physician (part-timo) (Mental Treatment Clinic)	Webber, L. M. ...	M.R.C.S., L.R.C.P., D.P.M.
	Visiting Radiologist (part-time)	Burkitt, F. T. ...	M.A., M.D., B.Ch., D.M.R.E., M.R.C.S., L.R.C.P.
	Visiting Surgeon (part-time)	Daniels, P.	F.R.C.S., L.R.C.P.
	Visiting Tuberculosis Officer	Renwick, A. C. ...	M.D., Ch.B., D.P.H.
Reigate ...	Medical Officer (part-time)	Crichton, C. S. ...	M.D., Ch.B.
	Resident Assistant Medical Officer ...	Ogle, L. J.	M.B., B.S., M.R.C.S., L.R.C.P. D.P.H.
	Visiting Obstetrician (part-time)	Beattie, W. J. H. M.	M.A., M.D., B.Ch., F.R.C.S., L.R.C.P., M.C.O.G.
	Visiting Tuberculosis Officer	Campbell, A. H. ...	B.Sc., M.D., M.R.C.P., D.P.H.
Richmond ...	Medical Officer (part-time)	Gordon, G. A. ...	M.D., Ch.B.
	Assistant Medical Officer (part-time) ...	Gordon, D.	M.B., Ch.B.
	Visiting Surgeon (part-time)	Heckes, J. W. ...	M.R.C.S., L.R.C.P.
	Visiting Tuberculosis Officer	Renwick, A. C. ...	M.D., Ch.B., D.P.H.

DISTRICT MEDICAL OFFICERS OF HEALTH.

District	Medical Officer
BOROUGHS.	
1. Barnes	E. A. Freear Wilkes, Council Offices, 117, High Street, Mortlake.
2. Godalming	F. A. Belam, Municipal Offices, High Street, Guildford.
3. Guildford	F. A. Belam, Municipal Offices, High Street, Guildford.
4. Kingston	E. W. Matthews, Public Health Department, Guildhall, Kingston-upon-Thames.
5. Mitcham	A. T. Till, The Vestry Hall, Mitcham.
6. Reigate	T. H. Bingham, Municipal Buildings, Reigate
7. Richmond	C. S. Brebner, Municipal Offices, Parkshot, Richmond.
8. Sutton & Cheam	E. J. MacIntyre, Municipal Offices, Sutton.
9. Wimbledon	H. Ellis, Town Hall, Wimbledon, S.W.19.
URBAN DISTRICTS.	
10. Banstead	E. J. MacIntyre, Municipal Offices, Sutton.
11. Beddington & Wallington ...	F. R. Edbrooke, Town Hall, Wallington.
12. Carshalton	F. L. Smith, The Grove, Carshalton.
13. Caterham & Warlingham ...	F. R. Carroll, The Corner, Caterham.
14. Chertsey	D. P. McIver, Council Offices, Weybridge.
15. Coulsdon & Purley	F. R. Edbrooke, Town Hall, Wallington.
16. Dorking	C. Ive, Council Offices, Town Hall, The Parade, Epsom.
17. Egham	A. Geden-Wilkinson, 156, High Street, Egham.
18. Epsom	C. Ive, Council Offices, Town Hall, The Parade, Epsom.
19. Esher	A. Senior, Council Offices, Portsmouth Road, Esher.
20. Farnham	F. Bedo Hobbs, 4, Downing Street, Farnham.
21. Frimley & Camberley ...	F. C. Davidson, Beverley, Camberley.
22. Haslemere	J. E. Haine, Millmead House, Guildford.
23. Leatherhead	C. Ive, Council Offices, Town Hall, The Parade, Epsom.
24. Merton & Morden	F. L. Smith, 126, Kingston Road, Merton, S.W.19.
25. Surbiton	N. H. Linzee, Council Offices, Ewell Road, Surbiton.
26. The Maldens & Coombe ...	J. Fanning, Council Offices, New Malden.
27. Walton & Weybridge ...	D. P. McIver, Council Offices, Weybridge.
28. Woking	N. H. Linzee, Council Offices, Woking.
RURAL DISTRICTS.	
29. Bagshot	D. P. McIver, Council Offices, Weybridge.
30. Dorking & Horley	C. Ive, Town Hall, The Parade, Epsom.
31. Godstone	W. H. Butcher, 4, Station Road East, Oxted.
32. Guildford	J. E. Haine, Millmead House, Guildford.
33. Hambledon	J. E. Haine, Millmead House, Guildford.

STATISTICS AND SOCIAL CONDITIONS.

Area.

The area of the Administrative County on the 31st December, 1935, was 449,200 acres. The area of each sanitary district is shown in the table on page 8.

The Administrative County of Surrey, situated south-west of the Metropolitan area, is bounded on the north by the River Thames; on the east the boundary is formed by the Metropolitan area, the County Borough of Croydon, and the County of Kent; on the south it is bounded by the Counties of East and West Sussex; to the west lie the Counties of Hampshire and Berkshire. The northern boundary is approximately twenty, the southern thirty-six, and the east and western approximately twenty-four miles each. The County, which is roughly quadrilateral in shape, is divided transversely by a range of chalk hills stretching from Tatsfield in the east to Farnham in the west. This range is interrupted at two places—the River Mole courses through a small valley between Dorking and Leatherhead, and the River Wey flows through a belt of low land at Guildford. In the north-western portion of the County there are the Chobham Ridges, and in the south-west extremity are the Ridges of Hindhead.

There is only one County Borough situated in the County, viz., Croydon, and there are the nine Municipal Boroughs of Barnes, Godalming, Guildford, Kingston-on-Thames, Mitcham, Reigate, Richmond, Sutton and Cheam and Wimbledon.

Population.

The population of the Administrative County at the 1931 Census was 947,770, and the Registrar-General's estimate of the population at mid-year 1935 was 1,088,400. The population in each of the Census years 1921 and 1931 for the aggregate of urban districts, for the aggregate of rural districts and for the whole of the Administrative County is shown in the following table :—

	1921.	1931.
Urban Districts...	639,618	835,859
Rural Districts	99,000	111,911
Administrative County	738,618	947,770

The Registrar-General's mid-year estimate of the population for these areas during each of the five years 1931-1935 is shown in the following table :—

	1931.	1932.	1933. *	1934.	1935.
Urban Districts... ...	762,860	796,200	901,016	934,050	972,200
Rural Districts	180,180	187,900	114,524	113,700	116,200
Administrative County	943,040	984,100	1,015,540	1,047,750	1,088,400

* In this year the Surrey Review Order became operative, and a re-distribution of the population between Urban and Rural Districts followed the operation of the Order.

The following table shows the population of each Sanitary district at the Censuses of 1921 and 1931, and according to the Registrar-General's estimates at Mid-Year 1934 and 1935 :—

DISTRICTS.	Area in Acres.	Census Population.		Reigstrar-General's Estimates of Mid-year populations.	
		1921.	1931.	1934.	1935.
Urban.					
1. Banstead	12,821	12,468	18,734	23,320	24,800
2. Barnes (M.B.)	2,519	34,299	42,440	42,050	42,030
3. Beddington and Wallington	3,045	16,451	26,328	28,450	29,090
4. Carshalton	3,346	13,873	28,586	38,110	51,000
5. Caterham and Warlingham	8,233	17,108	21,774	24,700	25,100
6. Chertsey	9,983	14,939	16.988	18,260	18,520
7. Coulsdon and Purley	11,182	23,115	39,795	46,340	48,570
8. Dorking	9,511	13,207	15,204	16,100	16,350
9. Egham	9,350	14,496	17,196	17,290	17,610
10. Epsom and Ewell	8,427	22,953	35,231	43,200	46,320
11. Esher	14,847	27,540	32,407	36,230	38,350
12. Farnham	9,039	17,360	19,005	19,850	19,950
13. Frimley and Camberley...	7,674	13,676	16,532	17,740	17,850
14. Godalming (M.B.)	2,393	10,856	10,940	12,520	12,710
15. Guildford (M.B.)	7,184	27,734	34,237	37,000	38,020
16. Haslemere	5,751	8,195	9,168	9,290	9,340
17. Kingston-on-Thames (M.B.)	1,408	39,514	39,825	38,270	39,030
18. Leatherhead	11,187	11,233	16,483	18,980	19,460
19. Maldens and Coombe	3,164	14,495	23,350	30,720	32,280
20. Merton and Morden	3,237	17,532	41,227	55,550	57,440
21. Mitcham (M.B.)	2,932	35,122	56,872	60,560	62,070
22. Reigate (M.B.)	10,255	31,733	34,547	35,400	35,720
23. Richmond (M.B.)...	4,109	37,105	39,276	38,570	38,450
24. Surbiton	4,709	20,149	30,178	38,050	40,020
25. Sutton and Cheam (M.B.)	4,338	29,733	48,363	65,330	69,050
26. Walton and Weybridge	9,070	21,634	25,671	26,200	26,800
27. Wimbledon (M.B.)	3,212	61,405	59,515	58,450	58,270
28. Woking	15,690	31,693	35,987	37,520	38,000
Total	198,616	639,618	835,859	934,050	972,200
Rural.					
1. Bagshot	16,177	9,878	11,080	10,990	11,680
2. Dorking and Horley	53,718	16,042	18,485	19,530	19,900
3. Godstone	52,507	23,196	25,866	26,460	26,300
4. Guildford	60,007	27,574	31,554	31,580	32,900
5. Hambledon	68,175	22,310	24,926	25,140	25,420
Total	250,584	99,000	111,911	113,700	116,200
Administrative County	449,200	738,618	947,770	1,047,750	1,088,400

The figures given by the Registrar-General express the populations for the 1921 and 1931 Censuses as they would have appeared if the area boundaries at that time were the same as they are at present.

The population of the County from the points of view of distribution according to age and sex, and of the principal occupations of those employed is worthy of comment.

The census of 1931 showed that there were considerably fewer persons under the age of 20 years in Surrey as compared with England and Wales, and, on the other hand, that the number of persons over the age of 35 years was considerably in excess of the figure for the country as a whole. In other words, the population of Surrey shows an abnormal preponderance of middle aged and old people.

The following table shows the age distribution per 1,000 of the population, and the total persons, male and female, for Surrey and for England and Wales. So that the figures may be comparable the population of England and Wales has been reduced to that of Surrey. This table shows clearly that the Surrey population contains more than the average number of older people.

Age Distribution per 1,000 Population.				Total Persons.	
Age Groups.		Males.	Females.	Males.	Females.
0—19 ...	Surrey	144	144	136,124	136,426
	England and Wales	163	161	154,657	152,687
20—34 ...	Surrey	119	140	112,562	132,828
	England and Wales	119	129	112,978	122,038
35—64 ...	Surrey	166	207	157,210	196,488
	England and Wales	165	189	156,141	178,994
65—... ...	Surrey	32	48	30,662	45,470
	England and Wales	32	42	30,206	40.068
	Surrey	461	539	436,558	511,212
	England and Wales	479	521	453,982	493,788
				947,770	

The average age of the Surrey male population at the 1931 census was 32.7 and of the female population 35.0, as compared with 31.1 and 33.2 respectively at the 1921 census.

The following table gives the number of males and females per 1,000 of the population, and the total number of persons, in certain age groups, male and female, for Surrey, and for England and Wales. Here again, for comparison, the figures for England and Wales have been reduced to those for Surrey.

	Number per 1,000 Population.			Number of Persons.	
	Males.	Females.	Excess of females over males.	Males.	Females.
(i) *All Ages.*					
Surrey	461	539	78	436,558	511,212
England and Wales	479	521	42	453,982	493,788
(ii) *Over 20 years.*					
Surrey	317	395	78	300,437	374,786
England and Wales	316	360	44	299,325	341,101
(iii) *Females, 45—50 years.*					
Surrey	—	38	—	—	35,705
England and Wales	—	35	—	—	33,404
(iv) *Persons over 65 years*					
Surrey	32	48	16	30,662	45,470
England and Wales	32	42	10	30,206	40,068

A striking feature of these 1931 census figures is the excess of females over males in Surrey as compared with England and Wales. In every 1,000 persons in Surrey 539 are females and 461 are males, whereas in England and Wales the comparable figures are 521 and 479 respectively. Expressed in another way, the excess of females over males per 1,000 of the population, at all ages, in Surrey is 78, compared with 42 in England and Wales. The excess of females over males in Surrey occurs in the age groups over 20 years, and particularly in the age group 35 to 64.

The main reasons for this excess appear to be the large number of females engaged in personal service in Surrey; the large number of females in Institutions and special premises in Surrey and the large number of females who are unoccupied and retired.

In Surrey there were 75,938 females engaged in personal service, being 53 per cent. of the total number of females of 14 years and over who were occupied. In England and Wales the comparable figures are 1,926,978 or 34 per cent.

The majority of those engaged in personal service are domestic servants. The number of domestic servants in Surrey in 1931 was 61,588. This is equivalent to 6.5 per cent. of the total population and is almost twice the comparable figure for England and Wales.

The number of inmates and staff in institutions and special premises is greatly in excess of the country as a whole, and this is especially noticeable in the females. The following table shows this :—

POPULATION IN INSTITUTIONS AND SPECIAL PREMISES.

	Persons.	Males.	Females.
Surrey (Administrative County) ...	45,194	22,030	23,164
England and Wales	20,850	11,373	9,477

POPULATION IN HOMES FOR THE INSANE.

	No. of Instns.	Persons.	Males.	Females.
Surrey (Administrative County) ...	26	22,263	9,065	13,198
England and Wales	446	4,358	1,895	2,463

For comparison the population of England and Wales has been reduced to that of Surrey.

There were 45,194 persons in Institutions and special premises—22,030 males and 23,164 females. If the population of the country be reduced, for comparison, to that of Surrey the figures for the country as a whole would be 20,850, made up of 11,373 males and 9,477 females.

Included in the term institutions are homes for persons of unsound or defective mind, and Surrey has many more than the average proportion of these. The total number of persons in homes for the mentally unsound or defective (patients and staff) in Surrey was 22,263, of whom 9,065 were males, and 13,198 were females. When the population of England and Wales is reduced to that of Surrey the figures for England and Wales are 4,358, of whom 1,895 are males and 2,463 are females. Surrey contains, therefore, almost five times the normal number of females in homes for persons of unsound or defective mind. It must, however, be pointed out that in Surrey are situated most of the Mental Hospitals of the London County Council.

The number of females in the County who in 1931 were unoccupied or retired was 277,823, or 54.3 per cent. of the total female population. The population of England and Wales reduced to that of Surrey gives a comparable percentage of 51.9 per cent., or 1.2 per cent. less than Surrey. These facts are shown in the following table :—

Total Population.	County of Surrey.				England and Wales.			
	Males.		Femles.		Males.		Females.	
	No.	% of total popn.	No.	% of total popn.	No.	% of total popn.	No.	% of total popn.
Population under 14 years	93,034	21.3	89,645	17.5	102,686	23.52	108,232	21.17
Population aged 14 years and over ...	343,559	78.7	421,608	82.5	333,906	76.48	402,867	78.8
Population aged 14 years and over occupied	300,178	68.7	143,785	28.1	302,296	69.24	137,527	26.9
Population aged 14 year and over unoccupied	43,381	9.9	277,823	54.3	31,434	7.2	265,340	51.9

Now let us consider the occupations of those resident in Surrey.

In 1921 the six occupations of males in Surrey which headed the list were in this order :—

Agricultural occupations.
Commercial finance and insurance.
Road and Rail Transport.
Public Administration and Defence.
Metal Workers.
Clerks and Draughtsmen.

In 1931 the six leading male occupations in Surrey were :—

Commercial finance and insurance.
Clerks and Draughtsmen.
Road and Rail Transport.
Agricultural occupations.
Metal Workers.
Building Trade.

Agriculture dropped from first to fourth place.

The principal occupations of females were the same in 1921 as they were in 1931.

The following tables show by sex the principal occupations, of persons of 14 years and upwards in 1931 in Surrey and in England and Wales, and the percentage which these occupations represent of the total occupied persons of each sex :—

COUNTY OF SURREY.

PRINCIPAL OCCUPATIONS OF THOSE 14 YEARS AND OVER.

Classification.	No.	% of Total *occupied* persons of each sex.
Males.		
Commercial, Finance and Insurance (excluding clerks)	45,947	15
Clerks, Draughtsmen and Typists	33,264	11
Transport and Communication	32,113	11
Agriculture	28,254	9
Metal Workers	19,948	7
Building trade	18,815	6
Professional occupations (excluding clerks) ...	16,688	5
Personal Service	12,580	4
Wood workers	12,138	4
Unoccupied and retired	43,381	—
Females.		
Personal Service	75,938	53
Clerks	21,470	15
Professional occupations (excluding clerks) ...	14,059	10
Commercial, Finance and Insurance (excluding clerks)	13,558	9
Makers of Textile goods and articles of dress ...	5,878	4
Unoccupied and retired	277,823	—

ENGLAND AND WALES.

PRINCIPAL OCCUPATIONS OF THOSE 14 YEARS AND OVER.

Classification.	No.	% of Total *occupied* persons of each sex.
Males.		
Transport and Communication...	1,565,846	12
Commercial Finance and Insurance (excluding clerks)	1,466,587	11
Metal Workers	1,349,774	10
Agriculture	1,116,573	8
Mining and Quarrying	966,210	7
Clerks and Draughtsmen and Typists ...	795,486	6
Building trade	692,123	5
Wood workers	500,632	4
Personal Service	462,935	4
Professional occupations (excluding clerks) ...	356,726	3
Public Administration and Defence	290,202	2
Unoccupied and Retired	1,385,526	—
Females.		
Personal Service	1,926,978	34
Commercial, Finance and Insurance	604,833	11
Clerks and Typists	579,945	10
Textile workers	574,094	10
Makers of Textile goods and articles of dress...	542,809	9
Professional occupations (excluding clerks) ...	389,359	7
Packers, Storekeepers, etc.	155,784	3
Unoccupied and retired	10,804,851	—

In 1931 there were 43,381 males of 14 years and over who were unoccupied and retired. This represents 9.9 per cent. of the total male population ; in other words ten out of every hundred males in Surrey are unoccupied and retired. If the population of England and Wales be reduced to that of Surrey a little more than seven out of every hundred males are unoccupied and retired in England and Wales.

The total males of 14 years and over in Surrey who were occupied in 1931 was 300,178, or 68.7 per cent. of the total male population. This compares with 69.24 per cent. for England and Wales.

Allusion has already been made to the large number who are engaged in personal services. Out of a total female population of 511,253, a total of 143,785 were 14 years and over and were occupied ; those engaged on personal service numbered 75,938, or 14.8 per cent. and 53 per cent. respectively of the two totals. In England and Wales 34.3 per cent. of the total female population of 14 years and over and occupied, are engaged in personal service.

Number of Inhabited Houses and Number of Separate Families or Occupiers.

The numbers of private families and dwellings in the Administrative County, as constituted at the Census 1931, are given in the following table :—

District.	Area in Statute Acres (Land and Inland Water) (Census 1931).	Census 1921. Persons.	Private Families and Dwellings Census 1931. Persons per Acre.	Private Families.	Population in Private Families.	Structurally Separate Dwellings Occupied.	Rooms Occupied.	Persons per room
Urban Districts	136,138	590,543	5.6	193,917	711,352	175,516	987,968	0.72
Rural Districts	313,078	148,168	0.58	44,463	166,564	43,072	244,752	0.68
Administrative County ...	449,216	738,711	2.1	238,380	877,916	218,588	1,232,720	0·71

The following comparison with the position in 1921 is of interest :—

District.	1921.		1931.	
	Persons per Acre.	Persons per room.	Persons per Acre.	Persons per room.
Urban	4·5	1·28	5·6	0·72
Rural	0·5	1.36	0·58	0·68
Administrative County	1·6	1·30	2·1	0·71

These figures are not amended in accordance with the changes of boundaries since the Census.

Rateable Value and Estimated Produce of a Penny Rate.

The rateable value of the Administrative County on the 1st April, 1935, was £11,192,218, and the estimated produce of a 1d. rate for general County purposes for the year 1935-36 was £44,982.

VITAL STATISTICS.

Chief Vital Statistics.

In the following table the chief vital statistics of the Administrative County for 1934 and 1935 and those of the urban and rural districts of the County, are compared with those of England and Wales :—

	1934				1935			
	Urban Districts.	Rural Districts.	Administrative County.	†England and Wales.	Urban Districts.	Rural Districts.	Administrative County	†England and Wales.
Birth-rate	13.09	13.72	13.16	14.8	13.44	13.65	13.47	14.7
Death-rate	9.66	11.25	9.83	11.8	9.20	10.38	9.32	11.7
Zymotic death-rate ...	0.19	0.22	0.19	‡	0.15	0.11	0.14	‡
*Infant mortality-rate ...	42.29	50.64	43.24	59	40.70	37.83	40.39	57
Smallpox death-rate ...	—	—	—	—	—	—	—	—
Enteric fever death-rate ...	0.003	—	0.003	0.00	0.009	0.009	0.009	0.00
Measles death-rate ...	0.05	0.07	0.05	0.09	0.008	0.02	0.009	0.03
Scarlet fever death-rate ...	0.01	0.04	0.02	0.02	0.01	0.009	0.01	0.01
Whooping cough death-rate	0.03	0.03	0.03	0.05	0.01	—	0.01	0.04
Diphtheria death-rate ...	0.06	0.02	0.05	0.10	0.04	0.02	0.04	0.08
Influenza death-rate ...	0.13	0.24	0.15	0.14	0.15	0.17	0.15	0.18
*Diarrhoea and enteritis (under 2 years) death-rate	2.94	4.49	3.12	5.5	3.29	1.26	3.07	5.7

* Rate per 1,000 births. † Provisional figures.
‡ Not available.

The birth rate, death rate and infant mortality rate for the County for quinquennial periods and for the year 1935 are as follows :—

Quinquennial period.	Birth-rates per 1,000 population.	Death-rates per 1,000 population.	Deaths under one year per 1,000 births.
1890-1894	25.7	13.9	109.0
1895-1899	24.9	13.0	117.0
1900-1904	23.9	12.0	103.0
1905-1909	23.4	11.0	83.0
1910-1914	20.5	9.9	73.7
1915-1919	16.1	12.0	66.9
1920-1924	17.2	10.0	50.3
1925-1929	14.5	10.6	48.6
1930-1934	13.6	9.95	43.4
1935	13.5	9.3	40.4

The following statement compares the County birth and death rates for the year 1935 with the previous year and with the mean of the five years 1930-34 :—

	Per 1,000 of Population.				Per 1,000 Births.	
	Birth-rate.	Death-rate.	Death-rate from Pulmonary Tuberculosis.	Death-rate from Cancer.	Maternal Mortality.	Deaths of Infants under 1 year.
Administrative County.—						
Population—Registrar-General's Estimate Mid-Year 1935 : 1,088,400						
Mean of 5 years 1930-34	13.59	9.95	0.52	1.44	3.82	43.40
Year 1934	13.16	9.83	0.48	1.42	4.06	43.24
Year 1935	**13.47**	**9.32**	**0.45**	**1.47**	**3.41**	**40.39**
Increase or decrease in 1935 on :—						
5 years' average, 1930-34 ...	—0.12	—0.63	—0.07	+0.03	—0.41	—3.01
Previous year	+0.31	—0.51	—0.03	+0.05	—0.65	—2.85

Live Births and Birth Rates.

The live births registered in or belonging to the Administrative County during the year ended 31st December, 1935, numbered 14,657, as compared with 13,785 in the previous year, showing an increase of 872. Of this number 601, or 4.1 per cent., were illegitimate as compared with 588 or 4.3 per cent. in 1934. The birth rate for the year was 13.47 as compared with 13.16 for the previous year. The birth rate for England and Wales for 1935 was 14.7.

The number of live births (legitimate and illegitimate) and the number of still births for each sanitary district, for the aggregate of urban districts, for the aggregate of rural districts and for the Administrative County are shown by sex at the foot of the tables on pages 16B, 16C, 17.

The number of births, the birth rate and the excess of births over deaths in each of the sanitary districts and in the Administrative County during 1935 are shown in the following table :—

DISTRICTS.	1935.		
	Number.	Net rate per 1,000 population (Mid Year 1935).	Excess of births over deaths.
Urban.			
1. Banstead	330	13.31	166
2. Barnes (M.B.)	393	9.35	2
3. Beddington and Wallington ...	354	12.17	79
4. Carshalton	803	15.75	463
5. Caterham and Warlingham ...	404	16.10	212
6. Chertsey	283	15.28	92
7. Coulsdon and Purley	593	12.21	205
8. Dorking	264	16.15	84
9. Egham	283	16.07	121
10. Epsom and Ewell	576	12.44	253
11. Esher	520	13.56	141
12. Farnham	276	13.83	55
13. Frimley and Camberley	257	14.40	116
14. Godalming (M.B.)	163	12.82	21
15. Guildford (M.B.)	564	14.83	229
16. Haslemere	87	9.31	—32
17. Kingston-on-Thames (M.B.) ...	510	13.07	38
18. Leatherhead	265	13.62	83
19. Maldens and Coombe	456	14.13	213
20. Merton and Morden	721	12.55	288
21. Mitcham (M.B.)	969	15.61	484
22. Reigate (M.B.)	422	11.81	15
23. Richmond (M.B.)	360	9.36	—150
24. Surbiton	699	17.47	311
25. Sutton and Cheam (M.B.)	1,032	14.95	427
26. Walton and Weybridge	387	14.44	131
27. Wimbledon (M.B.)	600	10.30	—65
28. Woking	500	13.16	146
Total	13,071	13.44	4,128
Rural.			
1. Bagshot	187	16.01	70
2. Dorking and Horley	282	14.17	57
3. Godstone	291	11.06	17
4. Guildford	524	15.93	202
5. Hambledon	302	11.88	34
Total	1,586	13.65	380
Administrative County	14,657	13.47	4,508

A graph showing the birth rate per thousand of population in the Administrative County in each of the years 1889 to 1935 is shown on page 14A.

Deaths and Death Rates.

(a) All Causes.

The total number of deaths registered in the Administrative County during 1935 was 10,149 as compared with 10,303 in the year 1934, a decrease of 154. The crude death rate for 1935 was 9.32 as compared with 9.83 for 1934. The death rate for England and Wales during 1935 was 11.7.

The number of deaths and the crude net death rate in each of the sanitary districts and in the Administrative County during 1935, together with the standardized death rate*, are shown in the following table :—

DISTRICTS.	1935.		
	Number.	Crude net rate per 1,000 population (Mid Year 1935).	Standardized death rate.
Urban.			
1. Banstead	164	6.61	6.41
2. Barnes (M.B.)	391	9.30	9.30
3. Beddington and Wallington	275	9.45	9.26
4. Carshalton	340	6.67	7.40
5. Caterham and Warlingham	192	7.65	8.03
6. Chertsey	191	10.31	9.59
7. Coulsdon and Purley ...	388	7.99	7.83
8. Dorking	180	11.01	9.25
9. Egham	162	9.20	8.37
10. Epsom and Ewell	323	6.97	5.99
11. Esher	379	9.88	9.58
12. Farnham	221	11.08	9.31
13. Frimley and Camberley ...	141	7.90	8.61
14. Godalming (M.B.) ...	143	11.25	9.83
15. Guildford (M.B.)	334	8.78	7.84
16. Haslemere	119	12.74	10.83
17. Kingston-on-Thames (M.B.)	472	12.09	10.64
18. Leatherhead	182	9.35	8.79
19. Maldens and Coombe ...	243	7.53	7.98
20. Merton and Morden ...	433	7.54	9.12
21. Mitcham (M.B.)	485	7.81	9.53
22. Reigate (M.B.)	407	11.39	9.45
23. Richmond (M.B.)	510	13.26	11.40
24. Surbiton	388	9.70	9.51
25. Sutton and Cheam (M.B.)	605	8.76	9.20
26. Walton and Weybridge ...	256	9.55	8.69
27. Wimbledon (M.B.) ...	665	11.41	10.27
28. Woking	354	9.32	8.85
Total	8,943	9.20	8.92
Rural.			
1. Bagshot	117	10.02	9.22
2. Dorking and Horley ...	225	11.31	9.95
3. Godstone	274	10.42	9.07
4. Guildford	322	9.79	9.10
5. Hambledon	268	10.54	8.85
Total	1,206	10.38	9.24
Administrative County ...	10,149	9.32	8.95

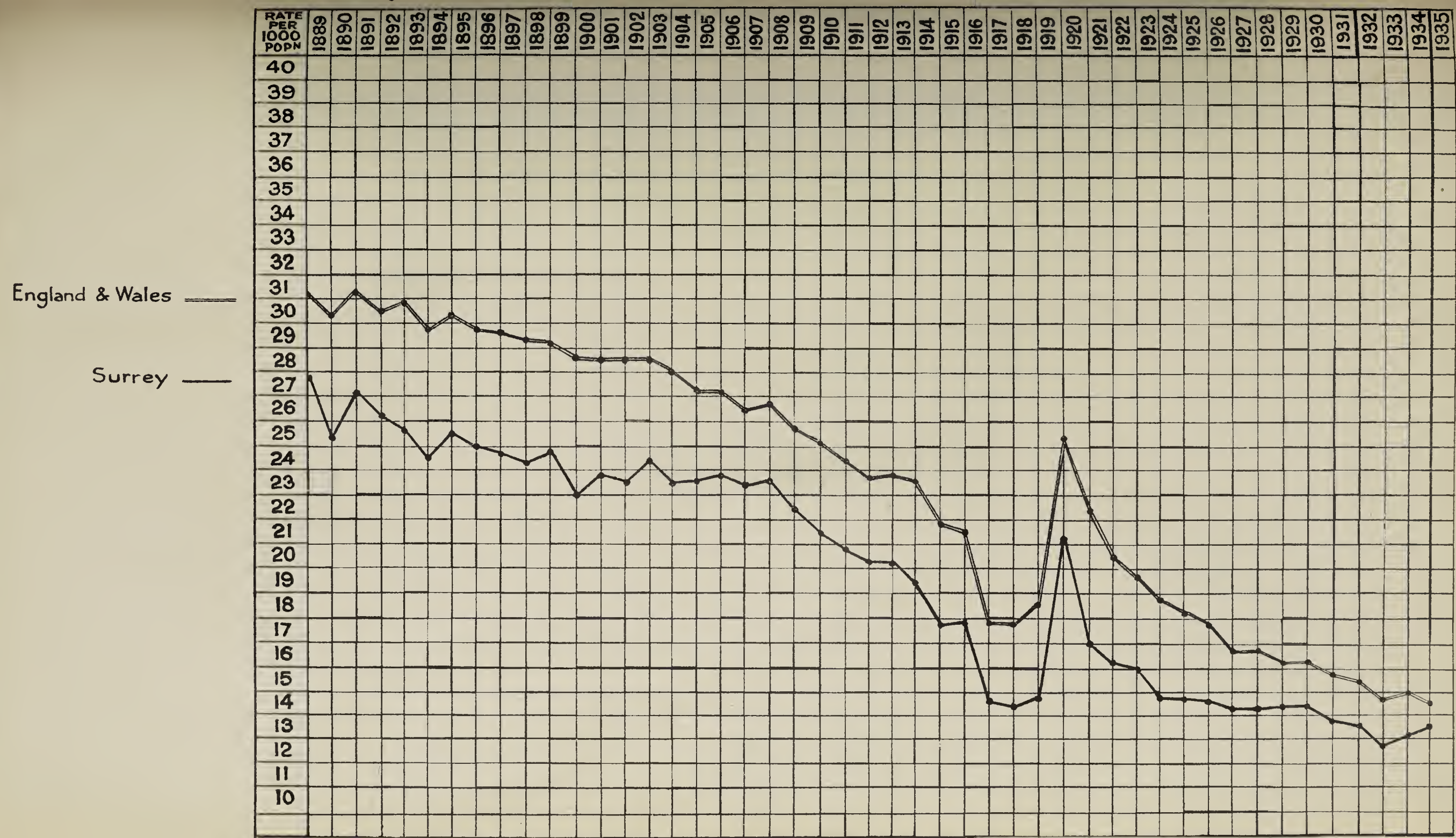
* The standardized death rate is based on information supplied by the Registrar-General, and the effect of standardizing the death rate is to adjust the population of a district in regard to sex and age distribution so as to make the death rate of that district truly comparable with those of other districts, and with the country as a whole.

A graph showing the death rate per thousand of the population in the Administrative County in each of the years 1889 to 1935 is shown on page 14B.

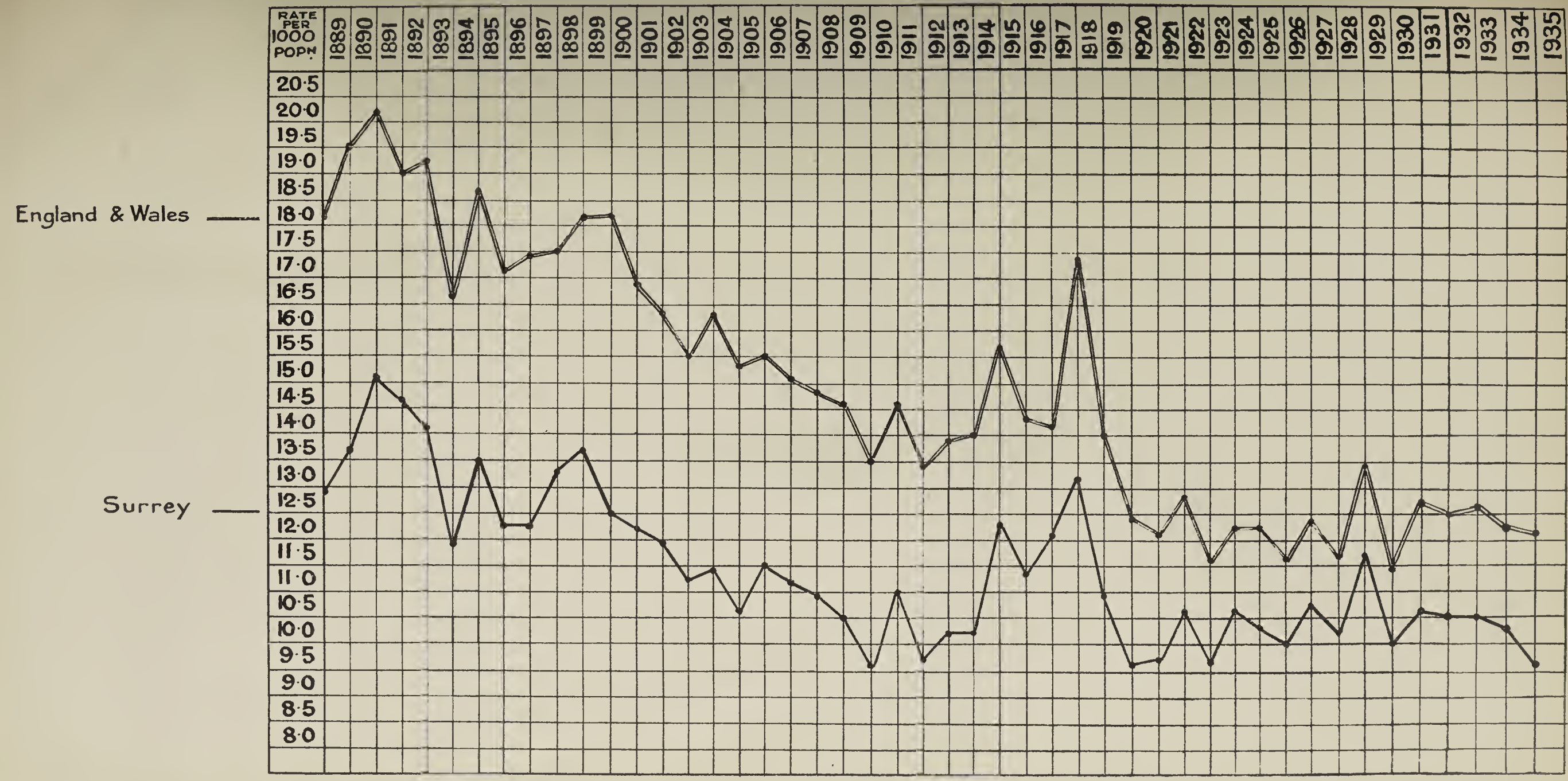
The causes of all deaths during 1935 are classified in age groups for the aggregate of urban districts and for the aggregate of rural districts on page 16A.

The classification of all deaths according to sex in each of the sanitary districts is shown in the tables on pages 16B, 16C, 17.

Graph showing the birth rate (per 1000 population) in the Administrative County in each of the years 1889-1935.



Graph showing the death rate from all causes (per 1000 population) in the Administrative County in each of the years 1889-1935.



Graph shewing the death rate from Respiratory Diseases (per 1000 population) in the Administrative County in each of the years 1889 - 1935.

The number of deaths and the death rates from each of the four main causes of death in each of the sanitary districts and in the Administrative County are shown in the following table :—

DISTRICTS.	Heart disease.		Respiratory diseases. (non-tuberculous)		Tuberculosis.				Cancer.	
					Pulmonary.		Non-Pulmonary.			
	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000	No.	Rate per 1,000
URBAN										
1 Banstead	35	1.41	12	0.48	7	0.28	—	—	23	0.93
2 Barnes (M.B.)	92	2.19	32	0.76	19	0.45	1	0.02	75	1.78
3 Beddington and Wallington	80	2.75	20	0.69	17	0.58	5	0.17	40	1.38
4 Carshalton	67	1.31	27	0.53	40	0.78	9	0.18	41	0.80
5 Caterham and Warlingham	46	1.83	13	0.52	9	0.36	1	0.04	38	1.51
6 Chertsey	44	2.38	17	0.92	12	0.65	2	0.11	26	1.40
7 Coulsdon and Purley ...	87	1.79	28	0.58	19	0.39	3	0.06	62	1.28
8 Dorking	33	2.02	12	0.73	7	0.43	—	—	25	1.53
9 Egham	31	1.76	20	1.14	8	0.45	—	—	18	1.02
10 Epsom and Ewell... ...	87	1.88	28	0.60	10	0.22	1	0.02	41	0.89
11 Esher	82	2.14	28	0.73	14	0.37	3	0.08	47	1.23
12 Farnham	67	3.36	16	0.80	7	0.35	2	0.10	32	1.60
13 Frimley and Camberley ...	38	2.13	6	0.34	2	0.11	2	0.11	20	1.12
14 Godalming (M.B.)	26	2.05	13	1.02	3	0.24	—	—	28	2.20
15 Guildford (M.B.)	94	2.47	22	0.58	12	0.32	—	—	59	1.55
16 Haslemere	19	2.03	13	1.39	6	0.64	1	0.11	14	1.50
17 Kingston-on-Thames(M.B.)	106	2.72	52	1.33	17	0.44	3	0.08	76	1.95
18 Leatherhead	37	1.90	20	1.03	7	0.36	1	0.05	31	1.59
19 Maldens and Coombe ...	47	1.46	23	0.71	12	0.37	3	0.09	43	1.33
20 Merton and Morden ...	90	1.57	37	0.64	43	0.75	4	0.07	60	1.04
21 Mitcham (M.B.)	105	1.69	53	0.85	35	0.56	6	0.10	68	1.10
22 Reigate (M.B.)	99	2.77	27	0.76	16	0.45	2	0.06	52	1.46
23 Richmond (M.B.)	132	3.43	29	0.75	18	0.47	5	0.13	101	2.63
24 Surbiton	90	2.25	27	0.67	17	0.42	3	0.07	63	1.57
25 Sutton and Cheam (M.B.)	116	1.68	57	0.83	40	0.58	10	0.14	107	1.55
26 Walton and Weybridge ...	52	1.94	19	0.71	9	0.34	3	0.11	47	1.75
27 Wimbledon (M.B.)... ...	146	2.51	68	1.17	26	0.45	4	0.07	116	1.99
28 Woking	106	2.79	22	0.58	12	0.32	2	0.05	48	1.26
Total	2,054	2.11	741	0.76	444	0.46	76	0.08	1,401	1.44
RURAL										
1 Bagshot	27	2.31	10	0.86	7	0.60	—	—	19	1.63
2 Dorking and Horley ...	52	2.61	16	0.80	7	0.35	—	—	33	1.66
3 Godstone	86	3.27	21	0.80	7	0.27	2	0.08	40	1.52
4 Guildford	75	2.28	23	0.70	12	0.36	2	0.06	64	1.95
5 Hambledon...	65	2.56	20	0.79	11	0.43	4	0.16	45	1.77
Total	305	2.62	90	0.77	44	0.38	8	0.07	201	1.73
Administrative County 1935	2,359	2.17	831	0.76	488	0.45	84	0.08	1,602	1.47
1934	2,369	2.26	966	0.92	508	0.48	96	0.09	1,492	1.42

(b) Infant Mortality.

The number of deaths under one year during 1935 was 592, which is a decrease of 4 over the previous year. An analysis of the causes of these deaths is included in the table on page 16A. The infant mortality rate for Surrey was 40.39 as compared with 43.24 for the year 1934. The comparable figure for England and Wales for 1935 was 57 as compared with 59 for 1934. The number of deaths under twelve months and the infant mortality rate for each sanitary district and for the Administrative County are shown in the following table :—

DISTRICTS.	1935. Number of deaths.	Net rate per 1,000 births.	Number of births.
Urban.			
1. Banstead	8	24.24	330
2. Barnes (M.B.)	19	48.35	393
3. Beddington and Wallington	14	39.55	354
4. Carshalton	37	46.08	803
5. Caterham and Warlingham	4	9.90	404
6. Chertsey	12	42.40	283
7. Coulsdon and Purley	19	32.04	593
8. Dorking	13	49.24	264
9. Egham	8	28.27	283
10. Epsom and Ewell	15	26.04	576
11. Esher	26	50.00	520
12. Farnham	16	57.97	276
13. Frimley and Camberley	9	35.02	257
14. Godalming (M.B.)	7	42.94	163
15. Guildford (M.B.)	17	30.14	564
16. Haslemere	3	34.48	87
17. Kingston-on-Thames (M.B.)	29	56.86	510
18. Leatherhead	8	30.19	265
19. Maldens and Coombe	15	32.89	456
20. Merton and Morden	28	38.83	721
21. Mitcham (M.B.)	48	49.54	969
22. Reigate (M.B.)	22	52.13	422
23. Richmond (M.B.)	14	38.89	360
24. Surbiton	26	37.20	699
25. Sutton and Cheam (M.B.)	47	45.54	1,032
26. Walton and Weybridge	12	31.01	387
27. Wimbledon (M.B.)	33	55.00	600
28. Woking	23	46.00	500
Total	532	40.70	13,071
Rural.			
1. Bagshot	8	42.78	187
2. Dorking and Horley	9	31.91	282
3. Godstone	18	61.86	291
4. Guildford	15	28.63	524
5. Hambledon	10	33.11	302
Total	60	37.83	1,586
Administrative County	592	40.39	14,657

The infant mortality rate for the County for each of the years 1889 to 1935 is shown in the form of a graph on page 17B.

ADMINISTRATIVE COUNTY OF SURREY.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1935.

Causes of Death.	Sex.	Aggregate of Urban Districts.												Aggregate of Rural Districts.											
		All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—	All Ages	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
All Causes	M	4310	292	30	49	97	146	202	221	448	741	1058	1026	630	32	5	9	15	15	21	20	59	100	171	183
	F	4633	240	28	37	71	130	209	233	435	641	982	1627	576	28	3	4	7	15	23	21	40	89	143	203
1. Typhoid and paratyphoid fevers ...	M	4	—	—	—	—	2	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—
	F	5	—	—	—	—	1	1	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles	M	5	—	1	1	3	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
	F	3	—	—	2	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—
3. Scarlet fever	M	7	—	—	—	5	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	2	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
4. Whooping cough ...	M	4	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	10	5	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	M	22	1	—	9	11	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	20	—	1	5	9	2	—	1	—	2	—	—	2	—	—	1	1	—	—	—	—	—	—	—
6. Influenza	M	74	2	2	—	1	2	4	10	11	14	16	12	8	1	—	1	—	1	—	—	1	1	—	3
	F	68	—	—	—	1	1	3	4	9	9	18	23	12	—	—	—	—	—	—	2	1	1	4	4
7. Encephalitis lethargica	M	3	—	—	—	—	—	—	—	1	2	—	—	3	—	—	—	1	—	—	—	1	—	1	—
	F	6	—	—	—	—	1	1	—	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Cerebro-spinal fever ...	M	7	2	—	—	1	1	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	5	1	2	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system ...	M	250	—	1	—	—	24	69	58	48	30	19	1	24	—	—	—	—	2	5	3	5	6	3	—
	F	194	3	1	—	3	51	67	33	19	13	1	3	20	—	—	—	—	6	5	3	4	—	1	1
10. Other tuberculous diseases	M	41	2	1	11	7	2	4	2	3	4	4	1	3	—	1	—	1	1	—	—	—	—	—	—
	F	35	7	1	4	5	4	4	3	4	2	—	1	5	2	—	—	1	1	1	—	—	—	—	—
11. Syphilis	M	9	—	—	—	—	—	—	1	1	5	2	—	1	—	—	—	—	—	—	—	—	1	—	—
	F	3	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. General paralysis of the insane, tabes dorsalis	M	23	—	—	—	—	—	1	2	8	5	7	—	2	—	—	—	—	—	—	—	—	2	—	—
	F	6	—	—	—	—	—	1	—	3	—	2	—	1	—	—	—	—	—	—	—	—	1	—	—
13. Cancer, malignant disease ...	M	610	—	—	1	2	3	8	16	74	168	214	124	98	—	—	—	—	—	3	3	18	23	27	24
	F	791	—	—	—	3	2	10	51	146	195	230	154	103	—	—	—	—	—	1	6	13	27	37	19
14. Diabetes	M	52	—	1	—	—	1	2	1	7	7	18	15	4	—	—	—	—	—	—	—	1	—	1	2
	F	59	—	—	1	—	—	2	—	5	10	26	15	8	—	—	—	—	—	—	—	1	1	3	3
15. Cerebral hæmorrhage, etc.	M	153	—	—	—	—	1	1	2	15	26	52	56	30	—	—	—	—	—	—	—	1	5	10	14
	F	257	1	—	—	—	1	2	3	16	33	63	138	37	—	—	—	—	—	—	—	3	3	10	21
16. Heart disease ...	M	944	—	—	1	2	13	12	26	68	171	310	341	157	—	—	—	—	—	—	4	7	25	55	66
	F	1110	—	—	—	5	8	18	25	62	123	282	587	148	—	—	—	—	1	1	5	1	16	40	84
17. Aneurysm	M	31	—	—	—	1	1	1	1	4	9	8	6	6	—	—	—	—	—	—	—	1	3	1	1
	F	14	—	—	—	—	—	3	—	3	3	4	1	2	—	—	—	—	—	2	—	—	—	—	—
18. Other circulatory diseases	M	235	—	—	—	—	—	—	—	11	30	92	102	37	—	—	—	—	—	—	—	—	1	18	18
	F	292	—	—	1	—	1	1	4	11	48	66	160	39	—	—	—	—	—	—	—	2	5	11	21
19. Bronchitis	M	100	2	1	1	2	—	—	7	7	10	21	49	11	—	—	—	—	1	—	—	1	1	3	5
	F	106	7	—	1	1	—	2	1	1	13	21	59	11	—	—	—	1	—	—	—	—	1	2	7
20. Pneumonia (all forms)	M	249	33	7	2	8	7	10	15	38	54	39	36	35	3	1	3	1	—	2	1	2	5	10	7
	F	203	29	5	5	7	5	6	15	18	23	40	50	19	3	1	—	—	1	2	1	1	5	2	3
21. Other respiratory diseases	M	47	—	1	—	1	3	1	—	9	7	13	12	10	—	—	—	—	—	—	1	4	—	2	3
	F	36	—	—	—	3	1	5	1	1	9	7	9	4	—	—	—	—	—	—	—	—	—	1	3
22. Peptic ulcer	M	75	—	—	—	1	1	6	12	13	21	13	8	11	—	—	—	—	—	—	—	3	2	4	2
	F	20	—	—	—	—	—	—	—	5	7	6	2	2	—	—	—	—	—	—	—	—	2	—	—
23. Diarrhœa, etc. ...	M	28	24	3	—	—	—	—	—	—	—	—	1	5	1	1	—	—	—	1	—	1	—	1	—
	F	33	14	2	—	—	2	1	—	4	1	1	8	2	—	—	—	—	—	1	1	—	—	—	—
24. Appendicitis	M	44	1	—	5	4	5	5	3	4	5	8	4	9	—	—	—	2	1	1	—	—	3	1	1
	F	31	—	—	1	5	3	5	4	4	3	5	1	2	—	—	—	—	—	—	—	1	—	1	—
25. Cirrhosis of liver ...	M	25	—	—	—	—	—	—	1	7	7	8	2	2	—	—	—	—	—	—	—	—	2	—	—
	F	11	—	—	—	1	—	—	—	5	2	2	1	3	—	—	—	—	—	—	—	—	1	1	1
26. Other diseases of liver, etc.	M	13	—	—	—	—	—	1	2	1	4	4	1	3	—	—	—	—	—	—	—	—	1	1	1
	F	34	—	—	—	1	1	—	3	3	5	10	11	9	—	—	—	—	—	1	1	—	3	1	3
27. Other digestive diseases	M	103	5	—	2	4	4	4	11	11	26	12	24	20	—	1	1	2	1	1	1	1	2	7	3
	F	141	5	1	2	5	7	6	14	14	19	35	33	15	1	—	—	—	—	3	—	2	3	5	1
28. Acute and chronic nephritis ...	M	131	—	—	—	—	6	6	5	20	24	42	28	22	—	—	1	1	1	—	—	2	3	7	7
	F	137	—	—	1	1	1	8	7	15	23	35	46	19	—	—	—	—	—	—	—	1	8	7	3
29. Puerperal sepsis ...	F	15	—	—	—	—	4	9	2	—	—	—	—	2	—	—	—	—	—	2	—	—	—	—	—
30. Other puerperal causes	F	30	—	—	—	—	3	13	12	2	—	—	—	3	—	—	—	—	—	2	1	—	—	—	—
31. Congenital debility, premature birth, malformations, etc.	M	182	176	2	1	1	2	—	—	—	—	—	—	21	21	—	—	—	—	—	—	—	—	—	—
	F	146	139	2	2	1	2	—	—	—	—	—	—	18	18	—	—	—	—	—	—	—	—	—	—
32. Senility	M	105	—	—	—	—	—	—	—	—	—	16	89	13	—	—	—	—	—	—	—	—	—	1	12
	F	217	—	—	—	—	—	—	—	—	—	20	197	13	—	—	—	—	—	—	—	—	—	2	11
33. Suicide	M	81	—	—	—	—	10	12	13	16	21	6	3	11	—	—	—	—	1	3	1	1	4	1	—
	F	46	—	—	—	—	5	3	10	14	6	4	4	5	—	—	—	—	—	—	—	2	1	2	—
34. Other violence ...	M	220	12	2	7	21	37	27	15	23	31	27	18	30	—	1	1	4	6	3	3	6	3	1	2
	F	152	13	5	2	6	7	12	6	11	14	24	52	25	2	1	2	1	3	2	—	1	2	3	8
35. Other defined diseases	M	428	29	8	8	21	19	27	17	46	57	106	90	51	6	—	1	3	—	2	3	3	6	15	12
	F	388	16	5	9	9	16	25	33	55	73	79	68	45	2	1	1	2	3	—	1	7	9	10	9
36. Causes ill-defined, or unknown	M	5	—	—	—	—	—	—	—	—	1	1	3	1	—	—	—	—	—	—	—	—	—	1	—
	F	6	—	—	—	—	—	—	—	1	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE, 1922

Causes of Death	Sex	Aggregate of Every Disease	Under 1	1—4	5—9	10—14	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	Aggregate of Every Disease	55—59	60—64	65—69	70—74	75—79	80—84	85—89	90—94	95—99	100 and over	Age Unknown
1. Typhoid fever	M	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Typhoid fever	M	33	—	1	—	1	5	11	4	—	1	—	6	—	—	—	—	—	—	—	—	—	—	—	—
	F	11	—	—	—	—	2	6	1	—	—	—	—	—	3	—	—	1	1	—	—	—	—	—	—
3. Scarlet fever	M	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
4. Whooping cough	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Influenza	M	2	—	—	1	1	3	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—
	F	2	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
6. Influenza and pneumonia	M	2	—	—	—	—	—	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	1	—	—	—
7. Tuberculosis of lungs	M	1	1	2	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Cancer	M	1	2	1	2	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Diabetes	M	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
27. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
28. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
29. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
32. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
33. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
34. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
37. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
38. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
39. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
40. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
41. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
42. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
46. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
47. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
48. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
49. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
50. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
51. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
52. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
53. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
54. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
56. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
57. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
58. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
59. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
60. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
61. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
62. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
63. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
64. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
66. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
67. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
68. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
69. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
70. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
71. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
72. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
73. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
74. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
75. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
76. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
77. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
78. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
79. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
80. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
81. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
82. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
83. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
84. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
85. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
86. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
87. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
88. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
89. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
90. Cerebral hemorrhage	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

ADMINISTRATIVE COUNTY OF SURREY.

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILLBIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR, 1935.

Causes of Death.	Banstead. U,D		Barnes. M.B.		Beddington and Wallington U.D.		Carshalton U.D.		Caterham and Warlingham U.D.		Chertsey. U.D.		Coulsdon and Purley U.D.		Dorking U.D.		Egham. U.D.		Epsom and Ewell U.D.		Esher U.D.		Farnham U.D.		Frimley and Camberley U.D.		Godalming M.B.		Guildford M.B.		Haslemere U.D.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	84	80	183	208	145	130	160	180	94	98	91	100	195	193	80	100	88	74	162	161	178	201	102	119	65	76	74	69	162	172	50	69
1. Typhoid and paratyphoid fevers	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	1	1	—	—
3. Scarlet fever	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	1	—	—	—
4. Whooping cough ...	—	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—
5. Diphtheria	—	1	1	1	—	—	1	—	—	—	—	1	2	1	—	1	2	—	—	—	2	3	—	1	—	1	1	—	1	1	—	—
6. Influenza	2	2	1	2	3	1	5	—	1	2	—	4	9	5	3	2	2	1	—	3	3	6	—	2	—	1	3	—	2	1	2	2
7. Encephalitis lethargica ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	—	—	—
8. Cerebro-spinal fever ...	—	—	—	—	—	—	—	2	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system	5	2	12	7	10	7	19	21	5	4	7	5	13	6	7	—	6	2	6	4	7	7	4	3	—	2	3	—	7	5	1	5
10. Other tuberculous diseases	—	—	—	1	3	2	5	4	1	—	1	1	1	2	—	—	—	—	1	—	2	1	2	—	1	1	—	—	—	—	1	—
11. Syphilis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—
12. General paralysis of the insane, tabes dorsalis	1	—	2	2	2	—	1	—	1	—	—	—	1	1	—	—	—	—	2	—	1	1	1	—	—	—	—	—	—	—	—	—
13. Cancer, malignant disease...	11	12	26	49	18	22	14	27	19	19	12	14	32	30	6	19	7	11	20	21	18	29	18	14	10	10	9	19	29	30	5	9
14. Diabetes	1	2	1	3	4	—	4	1	1	1	2	2	4	5	—	1	3	5	2	2	2	3	1	—	—	—	—	2	1	3	—	—
15. Cerebral hæmorrhage, etc.	3	1	6	6	4	7	3	12	3	6	1	8	7	11	1	7	7	9	6	12	7	6	3	11	2	6	—	3	8	11	2	5
16. Heart disease	20	15	41	51	39	41	27	40	19	27	21	23	43	44	16	17	19	12	45	42	37	45	29	38	15	23	13	13	48	46	9	10
17. Aneurysm	—	2	—	—	—	—	—	—	2	1	—	—	2	1	1	—	1	—	—	—	4	2	—	—	1	—	—	—	2	2	—	1
18. Other circulatory diseases...	7	5	17	11	9	12	9	9	5	7	7	4	10	15	13	20	4	—	8	11	14	17	6	4	3	5	4	3	8	11	1	10
19. Bronchitis	—	2	5	3	4	1	1	3	1	1	4	2	4	4	1	2	4	4	2	4	3	6	1	3	—	—	4	1	5	4	3	5
20. Pneumonia (all forms) ...	7	2	13	8	8	5	11	10	5	4	5	5	9	6	5	3	8	4	11	7	8	10	5	3	4	1	4	3	7	6	2	2
21. Other respiratory diseases...	1	—	2	1	2	—	1	1	1	1	1	—	5	—	—	1	—	—	2	2	1	—	2	2	1	—	1	—	—	—	—	1
22. Peptic ulcer	—	—	4	1	1	—	2	—	4	2	4	—	—	—	1	—	1	—	3	—	3	1	—	—	4	2	2	—	—	1	2	—
23. Diarrhœa, etc. (under 2 years)	1	—	1	1	2	—	3	—	—	—	1	—	—	1	—	—	1	—	—	—	1	—	1	1	—	—	—	—	—	—	—	—
24. Appendicitis	1	—	—	1	1	1	1	2	2	1	—	1	2	2	—	1	—	—	3	—	2	2	—	—	1	—	—	—	—	3	—	1
25. Cirrhosis of liver ...	—	—	—	1	1	—	1	2	—	—	1	1	—	—	—	—	2	—	—	2	1	1	1	—	1	—	1	—	—	—	1	—
26. Other diseases of liver, etc.	—	1	—	3	—	—	—	1	—	—	1	—	1	3	1	2	—	—	—	—	1	1	—	—	—	1	—	—	—	1	—	2
27. Other digestive diseases ...	1	2	2	12	7	5	2	8	4	4	4	4	3	5	1	1	1	3	4	3	2	7	—	3	1	1	6	2	3	8	5	3
28. Acute and chronic nephritis	2	3	3	7	2	3	6	1	3	4	2	5	5	7	7	2	1	2	5	5	8	9	6	3	1	3	2	6	4	3	3	2
29. Puerperal sepsis	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	1	—	—	—	1	—	—
30. Other puerperal causes ...	—	3	—	—	—	1	—	3	—	—	—	—	—	1	—	1	—	2	—	1	—	2	—	1	—	1	—	—	—	2	—	—
31. Congenital debility, premature birth, malformations, etc.	2	2	6	3	6	1	15	12	1	2	5	5	6	7	5	5	3	—	8	4	10	8	2	7	4	4	5	2	8	5	—	3
32. Senility	3	4	8	4	2	2	3	3	—	3	3	3	4	5	1	4	2	8	6	10	3	11	1	3	1	1	1	1	—	5	2	1
33. Suicide	2	2	1	3	3	3	1	1	3	2	1	3	7	2	1	1	—	—	4	2	2	2	3	—	3	2	3	1	4	1	1	—
34. Other violence	7	2	9	11	7	4	13	2	2	1	5	1	6	7	6	1	6	3	7	5	5	7	3	6	3	1	7	3	13	6	1	2
35. Other defined diseases ...	6	13	19	15	6	12	11	14	8	6	3	7	19	22	3	8	8	5	16	20	28	14	10	12	5	7	4	10	10	13	9	5
36. Causes ill-defined or unknown	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Special Causes (included in No. 35 above)																																
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year — Total ...	5	3	11	8	10	4	20	17	2	2	6	6	7	12	7	6	7	1	8	7	16	10	4	12	4	5	5	2	10	7	—	3
Deaths of Infants under 1 year — Legitimate	5	3	10	7	10	4	19	17	2	2	6	6	7	11	7	5	7	1	8	6	15	9	4	10	4	5	3	2	9	7	—	3
Deaths of Infants under 1 year — Illegitimate	—	—	1	1	—	—	1	—	—	—	—	—	—	1	—	1	—	—	—	1	1	1	—	2	—	—	2	—	1	—	—	—
LIVE BIRTHS ... — Total ...	172	158	207	186	178	176	424	379	206	198	137	146	301	292	140	124	145	138	309	267	264	256	127	149	136	121	89	74	286	278	38	49
LIVE BIRTHS ... — Legitimate	165	154	197	173	173	172	414	371	199	187	130	138	290	278	134	116	140	131	297	251	250	247	121	141	128	114	85	72	274	261	34	47
LIVE BIRTHS ... — Illegitimate	7	4	10	13	5	4	10	8	7	11	7	8	11	14	6	8	5	7	12	16	14	9	6	8	8	7	4	2	12	17	4	2
STILLBIRTHS ... — Total ...	5	10	8	7	8	4	10	12	11	2	3	3	12	16	4	1	6	2	16	9	5	8	2	6	7	2	5	5	8	9	1	—
STILLBIRTHS ... — Legitimate	5	9	6	5	7	4	10	12	11	2	2	3	12	16	4	1	6	2	15	8	5	8	2	5	7	2	4	5	7	9	1	—
STILLBIRTHS ... — Illegitimate	—	1	2	2	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1	—	—	—	1	—	—	1	—	1	—	—	—

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF [illegible] DURING

Causes of Death	Bandra		Kurla		Ghatkopar		Vikhroli		Mulund		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
All Causes	44	20	103	308	137	137	160	181	81	60	81	1
1 Typhoid and Paratyphoid fevers	—	1	—	1	—	—	—	—	—	—	—	—
2 Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
3 Measles	—	—	—	—	—	—	—	—	—	—	—	—
4 Whooping cough	—	—	—	—	1	—	—	—	—	—	—	—
5 Diphtheria	—	1	1	1	—	—	1	—	—	—	—	—
6 Influenza	1	3	1	3	3	1	2	—	1	3	—	—
7 Encephalitis lethargica	—	—	1	—	—	—	—	—	—	—	—	—
8 Cerebro-spinal fever	—	—	—	—	—	—	—	3	1	—	—	—
9 Tuberculosis of respiratory system	2	3	13	7	10	7	13	13	6	4	7	—
10 Other tuberculous diseases	—	—	—	1	3	3	2	4	1	—	1	—
11 Syphilis	1	—	1	—	—	—	—	—	—	—	—	—
12 Cancer, malignant disease of the buccal cavity, tongue or digestive organs	1	—	3	3	1	—	1	—	1	—	—	—
13 Cancer, malignant disease of all other sites	11	12	30	43	18	33	14	21	13	10	13	1
14 Diabetes	1	3	1	3	4	—	4	1	1	1	3	—
15 Anæmia	2	1	3	3	4	1	3	13	3	3	1	—
16 Heart disease	30	12	40	21	36	41	32	40	18	32	31	5
17 Aneurysm	—	3	—	—	—	—	—	—	1	1	—	—
18 Other circulatory diseases	7	2	13	11	2	13	6	6	2	1	1	—
19 Bronchitis	—	3	2	3	4	1	1	3	1	1	4	—
20 Pneumonia (all forms)	7	5	11	3	4	2	11	10	3	4	2	—
21 Other respiratory diseases	1	—	3	1	3	—	1	1	1	1	1	—
22 Peptic ulcer	—	—	1	1	1	—	2	—	—	3	4	—
23 Diarrhœa, etc. (under 2 years)	1	—	1	1	3	—	2	—	—	—	1	—
24 Appendicitis	1	—	—	1	1	1	1	2	3	—	—	—
25 Cirrhosis of liver	—	—	—	1	1	—	1	3	—	—	1	—
26 Other diseases of liver, etc.	—	1	—	3	—	—	—	1	—	—	1	—
27 Other diseases of digestive system	1	5	3	13	1	2	2	2	4	4	4	—
28 Acute and chronic nephritis	3	3	3	1	3	4	3	1	3	4	3	—
29 Puerperal sepsis	—	1	—	—		—	—	1	—	—	—	—
30 Other puerperal causes	—	3	—	—	—	1	—	3	—	—	—	—
31 Congenital malformations, premature birth, etc.	3	5	9	3	3	1	11	13	4	3	2	—
32 Senility	3	4	3	4	3	3	3	4	—	3	3	—
33 Suicide	3	3	1	3	3	3	1	1	3	3	1	—
34 Other violence	1	3	3	11	1	1	13	3	3	1	2	—
35 Other morbid diseases	3	11	13	13	3	1	13	11	3	3	1	—
36 Causes ill-defined or unknown	—	—	—	—	—	—	—	—	1	—	—	—
Special Causes (included in above)												
Kala Azar	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year	6	3	11	6	10	1	13	13	3	3	3	—
Deaths of Infants under 1 year	6	3	10	1	9	1	13	13	3	3	3	—
Deaths of Infants under 1 year	—	—	1	—	—	—	1	—	—	—	—	—
Live Births	125	85	305	103	173	170	173	151	103	111	125	13
Still Births	13	11	13	3	3	3	3	3	1	1	1	—
Illegitimate Births	3	1	10	13	3	1	13	13	11	3	3	—
Illegitimate Deaths	1	—	1	—	—	—	—	—	—	—	1	—

ADMINISTRATIVE COUNTY OF SURREY.

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILLBIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1935.

Causes of Death.	Kingston-on-Thames M.B.		Leatherhead U.D.		The Maldens and Coombe U.D.		Merton and Morden U.D.		Mitcham U.D.		Reigate M.B.		Richmond M.B.		Surbiton U.D.		Sutton and Cheam M.B.		Walton and Weybridge U.D.		Wimbledon M.B.		Woking U.D.		Aggregate of U.D.'s	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
All Causes	227	245	92	90	125	118	225	208	238	247	197	210	224	286	178	210	273	332	128	128	309	356	181	173	4310	4633
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	1	1	—	—	1	—	—	—	1	1	—	—	—	—	—	1	—	—	4	5
2. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	1	5	3
3. Scarlet fever	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	1	—	—	—	—	7	3
4. Whooping cough ...	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	4	4	10
5. Diphtheria	—	—	1	—	1	2	3	1	1	1	—	2	2	2	1	1	1	—	—	—	1	—	1	—	22	20
6. Influenza	—	3	2	1	1	—	2	1	3	1	1	5	2	3	4	5	11	6	3	2	5	5	4	2	74	68
7. Encephalitis lethargica ...	—	—	—	—	—	1	—	—	1	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	3	6
8. Cerebro-spinal fever ...	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—	—	7	5
9. Tuberculosis of respiratory system	10	7	5	2	6	6	21	22	15	20	12	4	10	8	10	7	20	20	7	2	16	10	6	6	250	194
10. Other tuberculous diseases	1	2	1	—	1	2	3	1	3	3	2	—	1	4	2	1	3	7	3	—	1	3	2	—	41	35
11. Syphilis	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	1	—	—	1	—	1	—	—	1	9	3
12. General paralysis of the insane, tabes dorsalis	—	1	—	1	—	—	3	—	2	—	—	—	1	—	2	—	1	—	—	—	2	—	—	—	23	6
13. Cancer, malignant disease...	35	41	11	20	23	20	28	32	34	34	22	30	44	57	24	39	41	66	22	25	51	65	21	27	610	791
14. Diabetes	2	2	2	—	1	—	2	1	3	3	1	3	5	2	1	5	2	7	3	2	3	3	1	1	52	59
15. Cerebral hæmorrhage, etc.	6	11	5	3	2	7	8	12	9	10	7	10	5	10	7	12	10	22	4	12	19	15	8	12	153	257
16. Heart disease	53	53	17	20	23	24	42	48	50	55	48	51	57	75	38	52	47	69	23	29	56	19	49	57	944	1110
17. Aneurysm	1	1	—	—	1	—	3	1	2	—	3	1	2	—	1	1	1	—	—	—	2	1	2	—	31	14
18. Other circulatory diseases...	9	15	5	7	4	6	5	13	6	9	7	16	13	20	8	14	19	9	9	9	13	17	12	13	235	292
19. Bronchitis	10	9	3	1	3	3	5	4	7	8	5	5	4	2	3	4	8	11	1	3	8	10	1	1	100	106
20. Pneumonia (all forms) ...	18	13	10	4	8	5	15	7	19	16	6	5	3	13	7	10	15	19	4	6	22	19	10	7	249	203
21. Other respiratory diseases...	1	1	—	2	2	2	1	5	—	3	2	4	2	5	3	—	4	—	4	1	6	3	2	1	47	36
22. Peptic ulcer	7	1	4	—	3	—	5	2	3	—	4	—	2	—	1	3	4	2	1	—	7	4	3	1	75	20
23. Diarrhœa, etc. (under 2 years)	1	1	—	1	—	—	1	3	2	—	1	—	1	1	3	2	2	3	1	—	2	1	2	1	27	16
24. Appendicitis	3	2	1	1	2	—	4	3	3	—	1	1	3	1	2	1	4	5	3	1	3	1	2	—	44	31
25. Cirrhosis of liver ...	2	1	1	—	2	—	—	—	2	1	—	—	2	1	1	—	3	—	—	—	1	1	1	—	25	11
26. Other diseases of liver, etc.	—	2	1	1	1	3	2	—	—	3	—	1	—	3	—	1	—	—	2	2	1	2	2	1	13	34
27. Other digestive diseases ...	4	13	2	1	2	6	6	4	8	11	6	6	2	9	1	5	10	9	4	1	10	16	3	6	104	158
28. Acute and chronic nephritis	13	14	5	6	3	4	7	3	3	6	9	7	8	7	4	3	3	4	5	6	6	8	5	4	131	137
29. Puerperal sepsis	—	—	—	—	—	1	—	—	—	—	—	—	—	4	—	1	—	1	—	—	—	—	—	1	—	15
30. Other puerperal causes ...	—	1	—	—	—	1	—	2	—	3	—	—	—	—	—	—	—	4	—	—	—	1	—	—	—	30
31. Congenital debility, premature birth, malformations, etc.	10	6	3	3	2	4	8	6	15	14	10	6	5	3	10	7	16	10	4	4	6	9	7	4	182	146
32. Senility	7	19	2	4	6	1	6	4	3	14	11	24	7	18	6	8	2	13	3	10	10	26	2	8	105	217
33. Suicide	3	1	1	—	1	1	6	2	6	2	4	3	5	5	4	2	3	1	1	—	4	3	4	1	81	46
34. Other violence	13	13	3	1	7	5	11	7	11	10	6	7	12	8	14	8	12	6	6	3	15	17	10	5	220	152
35. Other defined diseases ...	17	11	7	11	20	14	27	20	25	17	26	18	26	24	19	15	27	37	13	8	37	22	19	8	28	88
36. Causes ill-defined or unknown	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1	—	—	1	1	1	—	5	6
Special Causes (included in No. 35 above)																										
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year — Total ...	18	11	4	4	8	7	16	12	25	23	13	9	8	6	15	11	25	22	7	5	17	16	14	9	292	240
Deaths of Infants under 1 year — Legitimate	16	9	3	4	8	6	16	11	23	23	11	7	7	6	13	11	23	20	6	5	14	15	13	7	269	222
Deaths of Infants under 1 year — Illegitimate	2	2	1	—	—	1	—	1	2	—	2	2	1	—	2	—	2	2	1	—	3	1	1	2	23	18
Live Births ... Total ...	253	257	138	127	251	205	378	343	497	472	217	205	190	170	374	325	516	516	203	184	295	305	272	228	6743	6328
Live Births ... Legitimate	238	236	132	123	244	201	366	330	472	464	208	191	179	158	365	317	498	500	191	177	281	290	263	219	6468	6059
Live Births ... Illegitimate	15	21	6	4	7	4	12	13	25	8	9	14	11	12	9	8	18	16	12	7	14	15	9	9	275	269
Stillbirths ... Total ...	7	8	3	1	12	9	23	7	10	11	9	10	6	9	8	12	15	12	4	9	10	12	8	9	226	205
Stillbirths ... Legitimate	7	8	2	1	11	9	23	7	9	10	9	10	6	8	8	10	15	11	4	9	9	11	8	8	215	193
Stillbirths ... Illegitimate	—	—	1	—	1	—	—	—	1	1	—		—	1	—	2	—	1	—	—	1	1	—	1	11	12

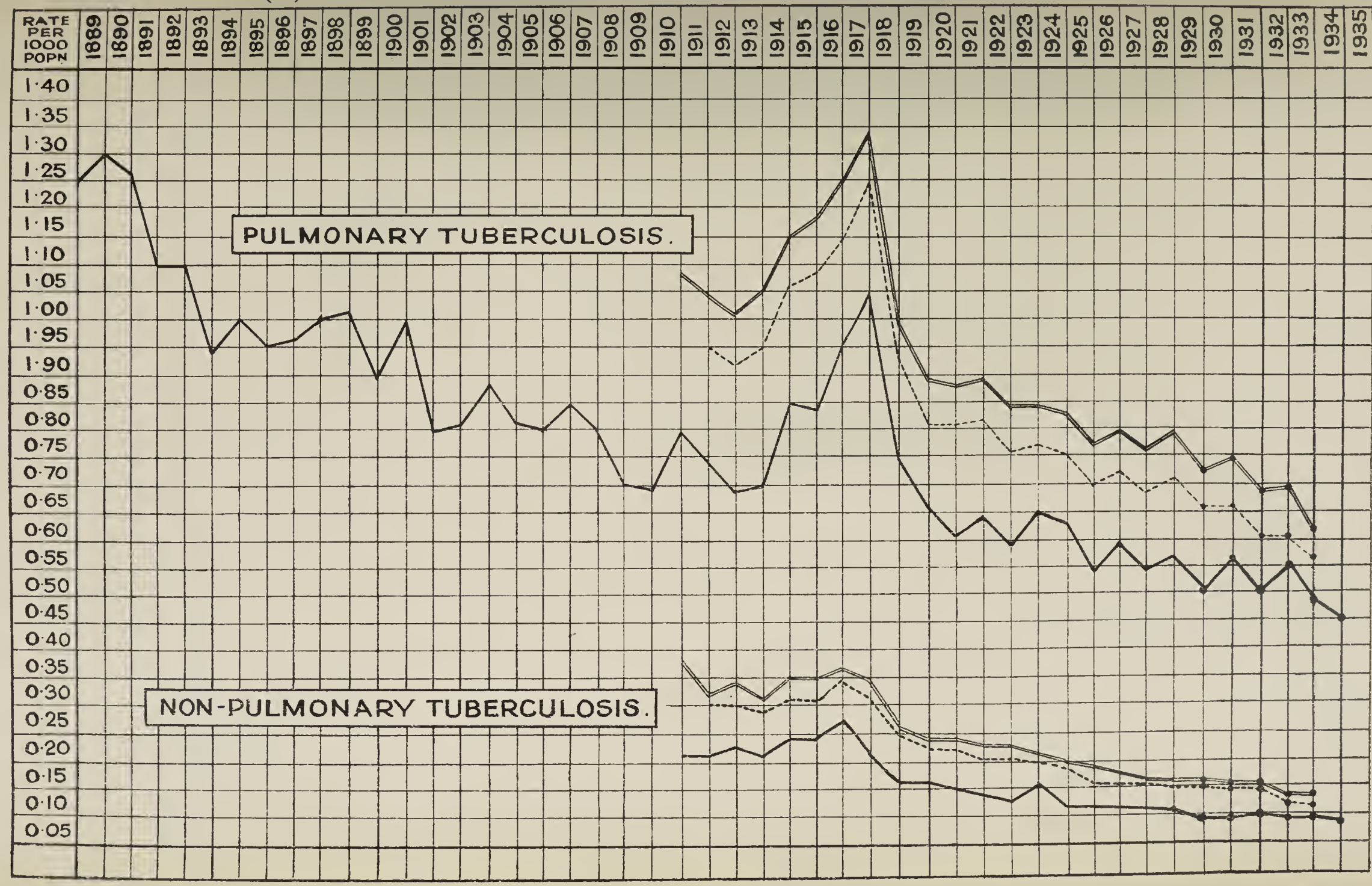
STATISTICS SHEWING THE CAUSES OF DEATH IN THE ROYAL NAVY UNDER ONE YEAR OF AGE

Causes of Death	Kingston, H.M.S. Tremeadon		Leander, H.M.S. Pembroke		ATC Malaya and Combe Bay, H.M.S.		H.M.S. Montcalm and H.M.S. Cornwallis	
	M.	F.	M.	F.	M.	F.	M.	F.
All Causes	555	542	95	90	120	118	252	252
1. Typhoid and paratyphoid fevers	—	—	—	—	—	—	1	1
2. Measles	—	—	—	—	—	—	—	—
3. Scarlet fever	—	—	—	—	—	—	—	—
4. Whooping cough	—	—	—	—	—	—	—	1
5. Diphtheria	—	—	1	—	1	5	3	1
6. Influenza	—	3	5	1	1	—	5	1
7. Encephalitis lethargica	—	—	—	—	—	1	—	—
8. Cerebro-spinal fever	1	1	—	—	—	—	—	1
9. Tuberculosis of respiratory system	10	7	5	5	6	6	15	17
10. Other tuberculous diseases	1	5	1	—	1	5	3	1
11. Syphilis	—	—	—	—	—	—	—	1
12. General paralysis of the insane, tabes dorsalis	—	1	—	1	—	—	3	—
13. Cancer, malignant disease	32	41	11	50	53	50	52	35
14. Diabetes	5	5	5	—	1	—	5	1
15. Cerebral hæmorrhage, etc.	6	11	2	3	5	7	8	13
16. Heart disease	23	23	17	30	53	44	43	48
17. Aneurysm	1	1	—	—	1	—	3	1
18. Other circulatory diseases	6	12	2	5	4	6	2	13
19. Bronchitis	10	6	3	1	3	3	2	4
20. Pneumonia (all forms)	18	13	10	4	8	2	12	7
21. Other respiratory diseases	1	1	—	5	3	3	1	2
22. Peptic ulcer	7	1	4	—	3	—	6	3
23. Diarrhœa, etc. (under 2 years)	1	1	—	1	—	—	1	3
24. Appendicitis	3	5	1	1	3	—	4	2
25. Cirrhosis of liver	5	1	1	—	3	—	—	—
26. Other diseases of liver, etc.	—	5	1	1	1	3	5	—
27. Other digestive diseases	4	13	5	1	5	6	0	7
28. Acute and chronic nephritis	13	14	2	0	3	4	2	3
29. Puerperal sepsis	—	—	—	—	—	1	—	—
30. Other puerperal causes	—	1	—	—	—	1	—	3
31. Congenital debility, premature birth, etc.	10	8	3	3	5	4	8	6
32. Suicide	3	1	1	—	1	1	0	3
33. Other violence	13	13	3	1	2	2	11	7
34. Other defined diseases	11	11	7	11	50	14	53	50
35. Causes ill-defined or unknown	—	—	—	—	—	—	—	—
Special Causes (included in No. 32 above)								
Small-pox	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—
Poliomyeloencephalitis	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year — Total	18	11	4	4	8	7	16	15
Deaths of Infants — Legitimate	10	6	3	4	8	6	16	11
Deaths of Infants — Illegitimate	8	5	1	—	—	1	—	1
Total — Total	523	525	138	151	521	505	318	343
Total — Legitimate	488	490	135	151	517	501	300	330
Total — Illegitimate	12	15	3	4	5	4	15	13
Stillbirths — Total	7	8	3	1	15	6	53	5
Stillbirths — Legitimate	7	8	3	1	11	6	53	5
Stillbirths — Illegitimate	—	—	1	—	1	—	—	—

TUBERCULOSIS

Graph shewing death rates from Pulmonary and Non-Pulmonary Tuberculosis (per 1000 of population) in :-

(a) England and Wales ..... ——— ..... 1911 – 1934.
(b) All Counties ..... - - - - - - - ..... 1911 – 1934.
(c) COUNTY OF SURREY .. ——— ..... 1899 – 1935.



Graph showing the infant mortality rate (per 1000 registered births) in the Administrative County in each of the years 1889-1935

ADMINISTRATIVE COUNTY OF SURREY.

TABLE SHEWING THE CAUSES OF DEATH, THE NUMBER OF LIVE BIRTHS, STILL BIRTHS, AND DEATHS OF INFANTS UNDER ONE YEAR, FOR EACH SANITARY DISTRICT DURING THE YEAR 1935.

Causes of Death.	Bagshot R.D.		Dorking and Horley R.D.		Godstone R.D.		Guildford R.D.		Hambledon R.D.		Aggregate of R.D.'s	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	64	53	120	105	142	132	173	149	131	137	630	576
1. Typhoid and paratyphoid fevers	—	—	—	—	1	—	—	—	—	—	1	—
2. Measles	—	—	—	—	—	—	1	1	—	—	1	1
3. Scarlet fever	—	—	—	—	—	1	—	—	—	—	—	1
4. Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	—	—	—	—	—	—	—	2	—	—	—	2
6. Influenza	1	—	3	4	2	1	2	3	—	4	8	12
7. Encephalitis lethargica ...	—	—	1	—	—	—	2	—	—	—	3	—
8. Cerebro-spinal fever ...	—	—	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system	4	3	3	4	3	4	7	5	7	4	24	20
10. Other tuberculous diseases	—	—	—	—	1	1	—	2	2	2	3	5
11. Syphilis	—	—	—	—	—	—	1	—	—	—	1	—
12. General paralysis of the insane, tabes dorsalis	2	1	—	—	—	—	—	—	—	—	2	1
13. Cancer, malignant disease...	9	10	19	14	20	20	30	34	20	25	98	103
14. Diabetes	—	3	—	1	3	—	1	2	—	2	4	8
15. Cerebral hæmorrhage, etc.	2	2	9	5	9	11	5	9	5	10	30	37
16. Heart disease	16	11	23	29	44	42	39	36	35	30	157	148
17. Aneurysm	—	—	3	—	1	—	1	—	1	2	6	2
18. Other circulatory diseases...	2	4	11	11	7	7	6	7	11	10	37	39
19. Bronchitis	1	—	1	—	2	6	2	2	5	3	11	11
20. Pneumonia (all forms) ...	4	2	8	4	7	6	11	3	5	4	35	19
21. Other respiratory diseases...	3	—	3	—	—	—	2	3	2	1	10	4
22. Peptic ulcer	1	—	2	1	3	—	2	1	3	—	11	2
23. Diarrhœa, etc. (under 2 years)	—	—	—	—	2	—	—	—	—	—	2	—
24. Appendicitis	3	—	1	1	1	1	3	—	1	—	9	2
25. Cirrhosis of liver ...	—	—	—	2	—	—	2	1	—	—	2	3
26. Other diseases of liver, etc.	—	1	2	6	—	—	1	1	—	1	3	9
27. Other digestive diseases ...	2	1	2	2	6	2	6	4	7	8	23	17
28. Acute and chronic nephritis	6	3	5	2	2	3	4	5	5	6	22	19
29. Puerperal sepsis	—	—	—	1	—	—	—	1	—	—	—	2
30. Other puerperal causes ...	—	—	—	—	—	1	—	1	—	1	—	3
31. Congenital debility, premature birth, malformations, etc.	2	2	2	2	8	5	6	5	3	4	21	18
32. Senility	1	2	6	3	—	5	4	2	2	1	13	13
33. Suicide	1	—	1	—	2	1	6	3	1	1	11	5
34. Other violence	2	3	8	4	7	3	6	10	7	5	30	25
35. Other defined diseases ...	2	5	7	9	11	12	22	6	9	13	51	45
36. Causes ill-defined or unknown	—	—	—	—	—	—	1	—	—	—	1	—
Special Causes (included in No. 35 above)												
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Deaths of Infants under 1 year — Total ...	4	4	4	5	12	6	9	6	3	7	32	28
Deaths of Infants under 1 year — Legitimate	4	4	4	4	11	6	8	5	3	7	30	26
Deaths of Infants under 1 year — Illegitimate	—	—	—	1	1	—	1	1	—	—	2	2
LIVE BIRTHS ... — Total ...	106	81	157	125	147	144	266	258	173	129	849	737
LIVE BIRTHS ... — Legitimate	106	78	148	121	144	139	256	249	165	123	819	710
LIVE BIRTHS ... — Illegitimate	—	3	9	4	3	5	10	9	8	6	30	27
STILLBIRTHS ... — Total ...	2	3	8	5	11	6	10	4	3	2	34	20
STILLBIRTHS ... — Legitimate	2	3	8	5	11	5	9	4	3	2	33	19
STILLBIRTHS ... — Illegitimate	—	—	—	—	—	1	1	—	—	—	1	1

MATERNITY AND CHILD WELFARE.

(1) Area.

The County Council is responsible for Maternity and Child Welfare throughout the whole of the Administrative County except in the municipal boroughs of Barnes, Guildford, Kingston, Mitcham, Reigate, Richmond and Wimbledon, and in the urban districts of Beddington and Wallington, Carshalton, Coulsdon and Purley and Merton and Morden.

The following table gives the 1931 census population of the Council's Maternity and Child Welfare area, and that of the autonomous areas, and also the Registrar-General's estimate for mid-year 1935 :—

	Census, 1931.	Registrar-General's estimated population (mid-year 1935).
County Council's area—22 Districts (2 boroughs, 15 urban districts and 5 rural districts)	505,122	588,710
Autonomous areas—11 Districts (7 boroughs and 4 urban districts)	442,648	499,690
	947,770	1,088,400

(2) Population and Number of Births.

The Registrar-General's mid-year estimates of the population of the elementary education area, and of the maternity and child welfare area of the County are as follows :—

Elementary Education 878,910
Maternity and Child Welfare 588,710

The population and the number of births registered in the County Council's Maternity and Child Welfare area during the past five years are shown in the following table :—

Year.	Population.	Number of registered live births.
1931	513,280	7,243
1932	537,410	7,525
1933	545,604	7,266
1934	569,000	7,782
1935	588,710	8,368

(3) Notification of Births Acts, 1907 and 1915, County of Surrey (Notification of Births) Order, 1922.

The above-mentioned Order made the County Council the authority responsible for the administration of the Notification of Births Acts in the Maternity and Child Welfare area of the County Council. Under these Acts the obligation to notify a birth is placed upon :—

(i) the father of the child if he is actually residing in the house at the time of the birth, and
(ii) any person in attendance on the mother at the time of or within six hours after the birth.

Of the births registered in the Council's Maternity and Child Welfare area 8,368 were live births, 8,040 or 96.1 per cent. were legitimate and 328 or 3.9 per cent. were illegitimate and 269 were still-births, of whom 255 or 94.8 per cent. were legitimate and 14 or 5.2 per cent. were illegitimate. Notifications were received in respect of 7,033 live births and 184 still-births ; of the 7,033 live births 4,193 were notified by midwives and 2,840 by doctors and parents ; of the 184 still-births, 80 were notified by midwives and 104 by doctors and parents.

At the end of each week a list of births notified in his district is sent to the Registrar so that this list may be compared with the births registered during the same period. The Registrar forwards particulars to the County Medical Officer of any birth which has been registered but not notified. In cases where notification has been omitted a letter is sent to those under obligation to notify the birth, drawing attention to the requirements of the Notification of Births Acts. The reasons offered for failing to notify are chiefly ignorance of the law or the belief that the birth had been or would be notified by some other person.

During the year 8,368 births were registered. Of this number 7,217 births were notified, leaving 1,151 unnotified. The Registrars gave particulars respecting 346 births which were registered but unnotified. The remainder (805) were children belonging to the County Council's Maternity and Child Welfare area who were born elsewhere and whose birth registration was properly transferred by the Registrar-General to the County Council's area ; notification, however, of their birth under the Notification of Births Act would be made to the Medical Officer of Health of the district in which they were born.

(4) Centres.

The County Council has established seventy-two infant welfare centres at which weekly or fortnightly sessions are held. In the more populous districts sessions are held twice weekly. Ante-

natal clinics are held at twenty-one different centres throughout the County, and in other districts ante-natal consultations take place before the ordinary infant welfare session.

Dental treatment is available for expectant and nursing mothers at sixteen dental clinics. Details of treatment are given on page 25.

There has been a considerable increase in the total attendances at the Maternity and Child Welfare Centres and ante-natal clinics as is shown in the following table :—

Year.	Total attendances.			Inclusive Total.
	Ante-Natal.	Infants under one year.	Children 1—5 years.	
1931	5,469	47,285	67,265	120,019
1932	6,886	47,981	69,247	124,114
1933	6,227	54,715	68,327	129,269
1934	6,817	57,312	69,751	133,880
1935	7,298	63,550	74,815	145,663

(5) Ante-Natal Service.

The Ante-Natal scheme includes the following provisions :—

(*a*) routine Clinics conducted by part-time practitioners experienced in midwifery and ante-natal supervision ;

(*b*) consulting Clinics in each of five areas, staffed by obstetricians of experience and of recognised consultant rank ;

(*c*) the association of the Consulting Obstetricians in each of the five areas with the work in their areas under the Puerperal Fever and Complicated Labour schemes of the County Council ;

(*d*) the appointment of the Consulting Obstetrician of the area as Consulting Obstetric Surgeon to the Public Assistance Hospital in four areas. The fifth area is served by the Woking Maternity Home, and the Consulting Obstetrician is the Obstetric Surgeon of the Home.

Special ante-natal clinics are held at twenty-one centres in the County. During 1935, 2,519 expectant mothers attended for advice. The total attendances were 7,298.

The following table shows the number of expectant mothers who attended at the clinics during the year and the total attendances :—

Clinic.	Total number of expectant mothers who attended at the Clinic during the year.	Total number of attendances by expectant mothers at all Clinics during the year.
*Addlestone	24	92
*Ash	64	178
Bagshot	28	124
Blindley Heath	3	9
Byfleet	4	4
*Camberley	120	328
*Caterham Hill	169	536
*Cheam	9	37
*Chertsey	62	150
Cobham	7	23
Cranleigh	6	14
*Dorking	78	201
*Egham	52	141
Effingham	1	1
*Epsom	329	906
Ewhurst	1	1
*Farnham...	141	415
*Godalming	58	156
Godstone...	3	13
*Haslemere	18	40
Hindhead	1	2
*Horley	37	92
Horsley	3	56
Knapp Hill	1	1
Limpsfield	3	3
Lingfield	13	49
*Long Ditton	19	36
*Malden	90	231
*Molesey	35	70
Peaslake	1	1
Ripley	5	10
Send	1	1
Shalford	6	30
*Surbiton	240	825
*Sutton	468	1,320
*Walton	149	504
Warlingham	1	1
*Weybridge	72	171
*Woking	206	563
Total	2,528	7,335

* *Ad hoc* ante-natal clinics.

(6) Maternal Mortality.

The maternal mortality rate for the County is more favourable than that for England and Wales as a whole taken over a period of years, as the following figures illustrate :—

Year.	*Surrey.*	*England and Wales.*
1931	4.42	4.11
1932	3.65	4.24
1933	3.62	4.42
1934	4.06	4.60
1935	3.41	4.10

The deaths in the Administrative County in 1935 assigned to puerperal sepsis numbered 17, and 33 were assigned to other accidents and diseases of pregnancy, a total of 50. In 1934 the figures were 22 and 34, a total of 56.

Maternal deaths occurring in the Maternity and Child Welfare area of the County Council are investigated and a confidential report is forwarded to the Ministry of Health.

A table showing the maternal mortality rates for Surrey for the years 1911-1935, classified under the headings of puerperal sepsis, and " other causes " is given below and for the purposes of comparison the figures are also included for the whole of England and Wales, and for all counties as a whole :—

Year.	England and Wales.			All Counties.			Surrey.		
	P.S.	O.	T.	P.S.	O.	T.	P.S.	O.	T.
1911 ..	1.43	2.44	3.87	figures	not obt	ainable	1.08	2.09	3.17
1912 ..	1.39	2.59	3.98	,,	,,	,,	1.75	1.97	3.72
1913 ..	1.26	2.70	3.96	,,	,,	,,	1.16	1.67	2.83
1914 ..	1.55	2.62	4.17	1.51	2.60	4.11	2.18	2.11	4.29
1915 ..	1.47	2.71	4.18	1.36	2.74	4.10	1.42	1.58	3.00
1916 ..	1.38	2.74	4.12	1.33	2.87	4.20	0.95	1.82	2.77
1917 ..	1.31	2.58	3.89	1.32	2.77	4.09	1.66	2.34	4.00
1918 ..	1.28	2.51	3.79	1.20	2.53	3.73	1.53	1.63	3.16
1919 ..	1.67	2.70	4.37	1.60	2.69	4.29	2.05	1.77	3.82
1920 ..	1.81	2.52	4.33	1.74	2.54	4.28	1.76	1.83	3.59
1921 ..	1.38	2.53	3.91	1.29	2.61	3.90	1.71	2.57	4.28
1922 ..	1.38	2.43	3.81	1.25	2.51	3.76	0.83	2.32	3.15
1923 ..	1.30	2.52	3.82	1.24	2.47	3.71	0.84	1.85	2.69
1924 ..	1.39	2.51	3.90	1.31	2.51	3.82	1.43	2.14	3.57
1925 ..	1.56	2.52	4.08	1.36	2.62	3.98	0.71	2.13	2.84
1926 ..	1.60	2.52	4.12	1.48	2.52	4.00	0.70	2.35	3.05
1927 ..	1.57	2.54	4.11	1.49	2.47	3.96	1.50	1.50	3.00
1928 ..	1.79	2.63	4.42	1.70	2.71	4.41	2.01	2.94	4.95
1929 ..	1.80	2.53	4.33	1.77	2.51	4.28	1.69	1.45	3.14
1930 ..	1.92	2.48	4.40	1.87	2.54	4.41	1.22	2.14	3.36
1931 ..	1.66	2.45	4.11	1.59	2.45	4.04	1.37	3.05	4.42
1932 ..	1.61	2.63	4.24	1.53	2.55	4.08	1.71	1.94	3.65
1933 ..	1.79	2.63	4.42	1.73	2.66	4.39	1.23	2.39	3.62
1934 ..	2.03	2.57	4.60	1.96	2.51	4.47	1.59	2.47	4.06
1935 ..	1.68	2.42	4.10	—	—	—	1.16	2.25	3.41

P.S.=Puerperal Sepsis. O.=Other causes. T.=Total.

(7) Infant Mortality.

The number of deaths of infants under one year registered in the Administrative County of Surrey during the year 1935 was 592 or 5.83 per cent. of the total deaths of all ages. The infant mortality rate was 40.39 per 1,000 registered births ; for England and Wales it was 57.

An analysis of the causes of infant deaths in each of the past five years is given in the following table :—

Causes of death.	Number of deaths of infants under one year.				
	1931	1932	1933	1934	1935
Total—all causes	566	630	547	596	592
Rate per thousand live births...	43.12	46.90	42.20	43.24	40.39
Measles	1	5	3	5	—
Encephalitis Lethargica	—	—	—	—	—
Whooping Cough	18	12	16	13	8
Diphtheria	1	1	4	2	1
Influenza	6	7	6	—	3
Meningococcal meningitis	—	—	—	—	—
Tuberculosis of the respiratory system ...	1	2	—	1	3
Other tuberculous diseases	7	11	9	5	11
Bronchitis	15	25	11	13	9
Pneumonia (all forms)	79	77	55	71	68
Other respiratory diseases	4	2	4	2	—
Diarrhœa and enteritis	35	53	35	41	39
Acute and chronic nephritis	—	1	—	1	—
Congenital debility and malformation ... (Including premature birth)	313	338	319	342	354
Other causes	86	96	85	100	96

(8) Midwives Acts, 1902-26.

The County Council is the Local Supervising Authority for the administration of the Midwives Acts in the Administrative County, except in the Municipal Boroughs of Guildford and Wimbledon.

The number of state-certified midwives who notified their intention to practice during 1935 was 388, as compared with 407 during 1934. Of these midwives only two of the old " bona fide " class now remain in practice.

The County Council does not provide either whole-time or part-time midwives in any part of the County. It does, however, assist the voluntary nursing associations by making initial grants to each District Nursing Association which provides a new nurse. Most of the District Associations are affiliated to the Surrey County Nursing Association and to this Association the County Council makes payments for each midwife added to the establishment and also pays a part of the approved administrative charges. Payment at a flat rate for each case attended is made to all District Nursing Associations whether the nurse attends as a midwife or as a maternity nurse.

The Superintendent Health Visitor, together with her deputy and assistant superintendents, and the Superintendent of the Surrey County Nursing Association, act as inspectors of midwives, under the immediate supervision of Dr. Livingstone, one of the Senior Administrative Medical Officers. It is the practice to make at least three routine inspections each year of all midwives, and special visits are made for the investigation of cases of rise of temperature, ophthalmia neonatorum, etc.

Midwives are required by the Rules of the Central Midwives' Board to call in medical aid for any illness or unsatisfactory condition of the mother or baby, and to send a copy of the medical help form to the Local Supervising Authority. They are also required to notify certain other events. An analysis of the 2,712 notifications received is given in the following table, together with the figures for the past five years :—

	1931	1932	1933	1934	1935
Notification of sending for medical aid ...	1,701	1,793	1,890	2,029	2,265
Still-births and abortions	78	82	72	75	96
Laying out dead body	124	123	138	103	66
Artificial feeding	56	60	69	94	94
Liability to be a source of infection ...	94	89	114	132	106
Notification of death	56	62	56	58	60
Miscarriages	58	50	47	51	25
Totals	2,167	2,259	2,386	2,542	2,712

The following table gives an analysis of the special investigations undertaken in each of the past five years :—

	1931	1932	1933	1934	1935
Notice of sending for medical assistance	203	197	170	211	230
Still-births, abortions and miscarriages ...	119	99	91	119	117
Liabilty to be a source of infection ...	61	53	71	105	92
Death of mother or baby	46	59	50	44	60
Totals	429	408	382	479	499

The Midwives Institute has formed branches in several districts of the County. Regular meetings have been held and lectures given on subjects of interest to midwives.

During the year important proposals for the improvement of the midwifery service were published in a report made by a Special Committee of the Joint Council of Midwifery, a body appointed by the National Birthday Trust Fund. The report was submitted to the Minister of Health and recommends measures designed to ensure a complete and efficient service of trained midwives in every area under the general control of the Local Supervising Authority.

At the time of writing this Annual Report, a Government Bill embodying many of the proposals is under discussion in Parliament.

Payment of Fees to Medical Practitioners.

Under Section 14 of the Midwives Act, 1918, the Local Supervising Authority is responsible for the payment of fees to medical practitioners called in by midwives in the emergencies defined by the Rules of the Central Midwives Board. The fees are on a scale fixed by the Ministry of Health, and the County Council recovers from the patients the whole amount, or such proportion of it as the financial circumstances of the case justify.

As suggested by the Ministry of Health in Circular 617A, the County Council refrains from exercising the power of recovery of the fees paid to medical practitioners called in by certified midwives

in cases of inflammation of, or discharge from the eyes of infants, so that midwives may be encouraged to seek medical assistance at the first signs of any affection of the eyes.

Number of Births Attended by Midwives.

At the end of each year every midwife practising in the area for which the County Council is responsible for the administration of the Midwives Acts, is required to furnish a return showing the extent of her work. These returns show that during 1935 certified midwives attended 6,118 births as midwives, and acted as maternity nurses at 3,834 births. Owing to deaths and removals the figures returned are not absolutely accurate but for comparative purposes they may be regarded as substantially correct.

Post Certificate Instruction of Midwives.

The fourth Post Certificate Course for Midwives arranged by the County Council was held during the week beginning the 7th October, 1935.

The Course comprised a series of lectures, ante-natal demonstrations and the showing of films illustrating midwifery practice in various clinics. The following is a summary of the attendances at the Course together with comparative figures for the four preceding Courses :—

	1931	1932	1933	1934	1935
Number of Nurses attending	203	254	374	392	384
Total attendance	872	1,104	1,297	1,540	1,461

Compensation to Midwives.

The County Council has approved a scheme for the payment of compensation to midwives, practising independently in respect of any patient who has booked with them and who is recommended subsequently for admission to hospital by the Medical Officer of the Ante-Natal Clinic.

Compensation is payable subject to the undermentioned conditions :—

(*a*) In cases brought or sent by the midwife to an Ante-Natal Clinic the Medical Officer of the clinic must certify in each case that he or she advised the patient's confinement in a maternity home or hospital, and the patient must confirm that she had previously booked the midwife to attend the confinement ;

(*b*) in cases seen in the patient's home by a private medical practitioner who is called in to a patient by a midwife under the rules of the Central Midwives Board, and the patient is subsequently admitted to a maternity home or hospital for confinement, the medical practitioner must certify that removal to the hospital or maternity home for confinement was advised ;

(*c*) payment will not be made to a midwife when the patient herself requests admission to a hospital or maternity home, apart from a medical recommendation as above ;

(*d*) payment will be made only to midwives practising independently and not to those employed by district nursing associations.

(9) Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Ophthalmia Neonatorum is defined as any purulent discharge from the eyes of an infant commencing within twenty-one days from the date of birth, and under these regulations which came into force on the 1st April, 1926, the duty of notifying cases is placed upon the medical practitioner in attendance.

By arrangement with the London County Council, institutional treatment is provided for babies suffering from this disease.

In addition to the notification of ophthalmia neonatorum by the medical practitioner in attendance a midwife is obliged by the rules of the Central Midwives Board to send for a doctor where there is any discharge from the eyes, however slight.

The following table gives the number of notifications of inflammation of the eyes received from midwives during the past five years and the number of cases of ophthalmia neonatorum notified under the regulations by medical practitioners during that period :—

Year.	Number of cases in which		Case Rate, *i.e.*, number of notified cases per 1,000 births.
	Medical Aid sought for Inflammation of Eyes.	Cases of Ophthalmia Neonatorum notified.	
1931	106	34	2·6
1932	119	46	3·4
1933	120	30	2·3
1934	100	38	2·7
1935	103	35	2·4

The results of treatment of the cases notified during the past five years are shown in the following table :—

Year.	Cases.				Results in cases occurring in the practice of Midwives.			Left County
	Notified.	Occurring in the practice of Midwives	Treated		Vision unimpaired.	Vision impaired.	Total Blindness.	
			At Home	In Hospital				
1931	34	15	12	3	15	—	—	—
1932	46	17	16	1	17	—	—	—
1933	30	15	14	1	15	—	—	—
1934	38	22	20	2	22	—	—	—
1935	35	14	12	2	14	—	—	—

It is gratifying to note that no case of seriously impaired vision is known to have been caused by ophthalmia at birth during the years 1931-1935, though in the past this disease was the cause of much of the blindness occurring in the early years of life. This result may be attributed to the better routine care given to the eyes at birth, the better ante-natal supervision of mothers in reducing the chances of infection at birth, and to the early notification and the prompt treatment made possible by the arrangements of Child Welfare Authorities.

(10) Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

Puerperal Pyrexia is defined in the Regulations as " any febrile condition (other than a condition which is required to be notified as puerperal fever under the Infectious Disease (Notification) Acts), occurring in a woman within twenty-one days after childbirth or miscarriage in which a temperature of 100.4°F. or more has been sustained during a period of twenty-four hours, or has recurred during that period."

Under the Infectious Diseases (Notification) Act a medical practitioner is required to notify to the District Medical Officer of Health any case of puerperal fever occurring in any patient upon whom he is in attendance ; under the above-mentioned Regulations he is required to notify the District Medical Officer of Health when he first becomes aware that any woman upon whom he is in attendance is suffering from puerperal pyrexia. The District Medical Officer of Health forwards a copy of all notifications of puerperal fever and puerperal pyrexia received by him to the County Medical Officer within twenty-four hours.

The County Council has arranged that medical practitioners can obtain any of the following services in cases of puerperal fever or puerperal pyrexia notified within its Maternity and Child Welfare area :—

(1) the services of an obstetric consultant,

(2) the bacteriological examination of the patient's discharges,

(3) the treatment of patients in hospital,

(4) home nursing in special cases.

The Obstetric Surgeon of the Warren Road Hospital, Guildford, is available for consultation with private practitioners in cases of puerperal fever and puerperal pyrexia occurring in the South Western area of the County. The Obstetric Surgeon of the Woking Maternity Home acts as obstetric consultant for the North Western area, and the Obstetric Surgeon to St. John's Hospital, Reigate, acts as obstetric consultant in the South Eastern area. The Obstetric Surgeons on the staff of Queen Charlotte's Hospital, London, are also available for consultation with private practitioners. In addition there is an arrangement with the London County Council whereby patients can be admitted to the North Western Hospital and the Obstetric Specialist of the London County Council is also available for consultation with private practitioners. Patients recommended for hospital treatment are generally sent to the annexe of the Queen Charlotte's Hospital, London, or to Warren Road Hospital, Guildford.

The bacteriologist of the Royal Surrey County Hospital, Guildford, carries out all the bacteriological work required throughout the County under this scheme.

During the year 161 notifications of puerperal fever and puerperal pyrexia were received and of this number 22 patients were removed to hospital for treatment. In 1934, 155 cases were notified and 45 patients were admitted to hospital. An analysis of the cases of rise of temperature and of puerperal fever notified during the past five years is given in the following table :—

Year.	Cases in which medical help was summoned by Midwives for rise of temperature.	Number of cases of puerperal fever notified by Medical Practitioners	Case rate of puerperal fever per 1,000 births.	Deaths from puerperal fever.	Case mortality per cent.
1931	90	37	2·8	18	48·6
1932	82	41	3·05	23	56·1
1933	55	32	2·5	16	50·0
1934	103	39	2·8	22	56·4
1935	113	46	3.1	17	36·9

(11) Maternity Homes.

The County Council reserves three beds in each of two maternity homes, the Woking Maternity Home and the Walton Maternity Home. Additional beds are available in both Homes and also in the Duchess of Connaught Memorial Nursing Home, Bagshot. Patients are also sent to the maternity wards of the Public Assistance Hospitals by arrangement with the Public Assistance Committee. Patients are recommended for admission to an institution by Medical Officers of the ante-natal clinics either on account of abnormal ante-natal conditions, anticipated difficulties in confinement or unsuitable home conditions.

The number of patients who have been admitted to these institutions under the Council's maternity and child welfare scheme during the past five years is shown in the following table :—

Name of Home.	Number of patients admitted during 1931	1932	1933	1934	1935
Duchess of Connaught Memorial Nursing Home, Bagshot	55	51	65	60	56
* Redhill Maternity Home	11	—	—	—	—
Walton Maternity Home	64	61	64	90	90
Woking Maternity Home	121	163	156	189	192
Public Assistance Institutions	59	156	204	202	285
Totals ..	310	431	489	541	623

* This Home is now closed.

(12) Hospital Supervision for Complicated Cases.

In complicated or difficult midwifery cases medical practitioners may obtain the assistance of one of the Consulting Obstetricians. If institutional treatment is necessary, patients can be admitted to the Public Assistance Hospitals at Guildford or Reigate under the Obstetric Surgeon on the staff of the Hospital. In the Woking area patients are usually admitted to the Woking Maternity Home.

During the year 1935, 34 cases of complicated labour were admitted in this way to hospital, as compared with 36 cases in 1934.

(13) Home Nursing and Home Visiting.

The Health Visitors pay all the home visits required under the various schemes of the County Council, including ante-natal and post-natal supervision.

In most districts of the County midwifery and maternity nursing is provided by local district nursing associations, and the majority of these associations are affiliated to the Surrey County Nursing Association. There are also in many districts midwives practising independently, both as midwives and maternity nurses.

The nurses are always encouraged to bring their patients to the ante-natal clinics, and also to attend the local infant Welfare Centre whenever possible. Many district nurses, both those practising independently and those employed by district nursing associations, take an active part in the work of the Centres, and their close association with the Health Visitors in the care of mothers and infants tends to promote a fuller co-operation in other branches of the Council's work.

The number of visits paid by Health Visitors during the past five years to expectant mothers and to children under five years of age is shewn in the following table :—

Year.	Expectant mothers.		Infants under 1 year.		Children 1—5 years.		Visits to foster Children.
	Number of cases visited for first time during the year.	Total visits to all cases on register	Number of cases visited for first time during the year.	Total visits to all cases on register	Number of cases visited for first time during the year.	Total visits to all cases on register.	
1931	1.235	2,376	6,489	26,242	1,328	34,703	4,500
1932	1,278	2,484	6,816	27,299	1,374	39,350	4,567
1933	1,442	2,689	6,379	25,428	1,199	37,606	5,309
1934	1,351	2,393	6,920	25,034	1,583	38,415	5,665
1935	1,384	2,558	7,462	28,544	1,276	41,959	6,644

(14) Dental Treatment.

There are fifteen special dental clinics in the County for the treatment of expectant and nursing mothers and children under five years of age. The Dental Surgeon of the area undertakes the dental treatment of school children as well as that of mothers and pre-school children.

The following table gives a record of the work accomplished during the year 1935 at each of these clinics :—

	Clinic.	Attendances.		Extractions.		Fillings.		No. of Administrations of General Anaesthetics.		No. of other operations including supply of Artificial Teeth.
		Mothers.	Children.	Permanent Teeth.	Temporary Teeth.	Permanent Teeth.	Temporary Teeth.	Mothers.	Children.	
1	Chertsey	188	34	212	67	14	3	59	21	132
2	Dorking	132	36	271	52	4	1	47	17	60
3	Egham	183	51	286	142	19	—	77	42	125
4	Epsom	355	148	582	215	28	7	117	63	152
5	Farnham... ...	305	52	578	101	6	3	97	31	282
6	Godalming ...	136	51	253	78	1	2	61	20	71
7	Haslemere ...	80	27	116	48	4	1	26	20	60
8	Lingfield... ...	54	29	108	26	1	3	22	10	50
9	Malden	130	89	192	34	10	20	47	20	45
10	Purley	140	25	193	53	11	4	50	22	147
11	Redhill	168	19	294	47	2	—	63	16	94
12	Surbiton ...	417	130	673	201	16	16	124	55	227
13	Sutton	226	57	300	76	18	5	89	34	89
14	Weybridge ...	174	30	230	23	9	10	71	13	81
15	Woking	745	102	657	141	25	7	223	69	387
	Totals ...	3,550	898	5,105	1,353	173	89	1,215	458	2,040

(15) Training of Unmarried Mothers.

The arrangement with Waltham House Hostel, Epsom, has been continued and during 1935 eleven mothers were sent to the home as compared with nine during 1934.

The girls are admitted either before or soon after confinement, together with their infants, for a period of training and on leaving, situations are found for them in private service. In conjunction with the Home there is a nursery where children are cared for as foster children by arrangement with their mothers.

(16) Prevention and Treatment of Crippling.

Provision is made for the treatment of orthopædic defects at eight orthopædic clinics. Where in-patient treatment is required, the children are generally admitted to the St. Nicholas and St. Martin's Homes at Pyrford. During the year 12 children were admitted for treatment, the same number as that admitted in 1934.

The following table gives the number of children attending each clinic during the year:—

Centre.	1931.	1932.	1933.	1934.	1936.
Aldershot and Farnborough Curative Post	5	7	8	6	10
Croydon General Hospital ...	38	33	26	24	33
East Grinstead Curative Post	—	—	—	2	1
Farnham Curative Post ...	—	2	3	4	4
Royal Surrey County Hospital, Guildford ...	14	16	10	9	14
Kingston: Red Cross Curative Post	59	75	80	76	86
Weybridge: Locke-King Clinic...	38	27	28	36	52
Woking: Red Cross Curative Post	67	78	90	75	70
Totals	221	238	245	232	270

(17) Infant Life Protection.

The functions under Part I of the Children Act, 1908, as amended by Part V (Sections 65 to 69) of the Children and Young Persons Act 1932, are undertaken by the County Council in the maternity and child welfare area of the Council. The Acts provide for the supervision of persons who undertake for reward the nursing and maintenance of one or more infants, apart from their parents or of infants who have no parents.

Monthly visits of inspection by the health visitors are paid to all foster mothers, and when necessary visits are made at more frequent intervals.

At the end of the year there were 321 foster mothers in the maternity and child welfare area of the County Council maintaining 449 foster children, and during the year 6,644 visits were paid by health visitors.

Boarding Schools at which children under nine years of age are kept come within the provisions of the 1932 Act. Seventy-five schools have been exempted from the provisions of the Acts subject to the following conditions :—

(*a*) that the County Medical Officer shall have the right to inspect such exempted schools at all reasonable times ;
(*b*) that the exemption may be withdrawn at any time, if circumstances should arise which, in the opinion of the Council would warrant such withdrawal.

(18) Section 101, Local Government Act, 1929.

Under the above Section the County Council has made a scheme for the annual payment of grants to Voluntary Associations providing maternity and child welfare services in, or for the benefit of the County. The general principle of the scheme is that grants formerly paid by the Ministry of Health to each association are continued by the County Council and also that the County Council continues its payments for any services rendered by associations included in the scheme.

The Homes are inspected by a medical officer of the staff and by the Superintendent Health Visitor.

(19) Supply of Dried Milk to Expectant and Nursing Mothers and Children under Five Years of Age.

In July, 1924, the Council inaugurated a scheme for supplying dried milk powder at the welfare centres in the County. The milk is issued to mothers and their infants at cost price, half cost or free. The issue is made on medical grounds to mothers and children in regular attendance at the ante-natal clinics or infant welfare centres, and only on the recommendation of the medical officer-in-charge of the clinic or centre. The persons eligible to receive the benefits of the scheme are as follows :—

(i) expectant mothers (during the last three months of pregnancy) ;
(ii) nursing mothers (when actually suckling their infants) ;
(iii) children up to three years of age, and exceptionally, children between three and five years of age.

(20) Miscellaneous.

Arrangements are in force at the majority of centres in the County for the provision of certain foods, cod liver oil, malt, etc., to children when recommended by the Assistant Medical Officer. These foods are not provided by the County Council and the initial funds are supplied by the voluntary workers.

Sterilised maternity outfits for confinements are provided at a low price through the voluntary committees of some of the welfare centres. Domestic helps are not generally available but in some instances local voluntary committees have been able to supply home helps.

(21) Voluntary Medical Inspection of Children under Five Years of Age.

The County Council has approved a scheme for the voluntary medical inspection within its maternity and child welfare area, of pre-school children at the ages of 2, 3 and 4 years.

The scheme will give parents the opportunity of bringing their children for a medical examination on the lines of the present school medical inspection. The opportunity will be offered to as many children as possible, and parents of all children of the requisite age who are attending, or are known to have attended the Welfare Centres, and the parents of all children on the Health Visitors' visiting lists will be notified of the arrangements to be made in each district.

It is assumed that about one-fifth of the children in each of the three age groups may be presented for medical examination.

It is intended to commence the work under the scheme early in the next financial year.

(22) Voluntary Workers' Advisory Committee.

This Committee which was first appointed in 1924, consists of representatives of voluntary workers from the centres in the maternity and child welfare area administered by the County Council. The Committee consists of one member from each Assistant Medical Officer's area and a representative of the Public Health Committee. During the year the Committee continued to take part in the developments with regard to the formation of Tuberculosis Care Committees in the County districts.

The Committee meets regularly at the Council's London Offices and continues to serve a very useful purpose in co-ordinating the voluntary and official work in connection with the various Public Health services of the County.

LIST OF MATERNITY AND CHILD WELFARE CENTRES IN THE COUNTY, SHOWING THE DAYS UPON WHICH EACH IS OPEN FOR TREATMENT TOGETHER WITH THE ATTENDANCES AND THE TOTAL NUMBER OF CHILDREN WHO WERE IN ATTENDANCE AT THE CENTRES AT THE END OF 1935.

Centre.	Address.	Days of Centre	Children under One Year		Children One—Five years.		Total number of children who were in attendance at the centre at the end of 1935.		
			New Cases.	Total Attendances	New Cases.	Total Attendances	Children under one year of age.	Children between the ages of one and five years.	Total.
Addlestone ...	S.C.C. Clinic, Princess Mary Village Homes, Addlestone	Every Friday.	82	1,476	19	2,134	52	159	211
Ash	St. Peter's Church Room (opposite Ash Church)	Every Thursday.	52	796	16	1,525	46	134	180
Ash Vale ...	Working Men's Club, Frimley Road, Ash Vale	2nd & 4th Mondays.	17	240	9	336	15	53	68
Ash Wyke ...	The Village Hall, Normandy...	1st & 3rd Mondays.	13	190	7	509	12	50	62
Badshot Lea ...	Scouts' Hall	2nd, 4th & 5th Wednesdays	33	398	10	810	15	57	72
Bagshot	St. Anne's Parish Hall ...	Every Monday.	33	603	12	1,047	24	56	80
Banstead ...	Church Institute, Banstead ...	1st & 3rd Thursdays.	85	818	44	749	45	161	206
Blindley Heath ...	Parish Hall, Blindley Heath ...	2nd & 4th Fridays.	14	73	8	155	10	29	39
Bookham ...	Barn Hall, Great Bookham ...	1st & 3rd Wednesdays.	23	223	19	590	16	70	86
Bourne	Boys' Club, Gravel Hill, Lower Bourne	1st & 3rd Wednesdays.	20	266	4	449	15	52	67
Byfleet	Village Hall, Byfleet ...	Every Wednesday.	38	705	29	1,323	26	130	156
Camberley ...	Central Hall, Camberley ...	Every Thursday.	93	2,045	31	3,372	69	245	314
Capel	Church Rooms, Capel ...	2nd & 4th Thursdays.	24	168	12	271	23	64	87
Caterham Hill ...	The Parish Hall, Chaldon Road, Caterham Hill	Every Friday.	124	2,028	37	1,336	102	196	298
Caterham Valley	Parish Hall, Caterham Valley	2nd & 4th Tuesdays.	38	520	12	822	31	109	140
Charlwood ...	Parish Hall, Charlwood ...	2nd & 4th Wednesdays.	9	119	5	245	9	28	37
Cheam	Parochial Room, Station Road, Cheam	Every Wednesday.	211	2,806	48	1,853	161	292	453
Chertsey ...	Adjoining Infants' Council School, Stepgates, Chertsey	Every Monday.	53	925	20	1,703	46	166	212
Chobham ...	Women's Institute Hut and Industry Cottage	2nd & 4th Tuesdays.	25	251	6	433	18	66	84
Claygate ...	Church Rooms, Claygate ...	2nd & 4th Mondays.	18	151	3	405	15	46	61
Cobham... ...	Boys' Club, Spencer Road, Cobham	1st, 3rd & 5th Mondays.	16	275	14	423	13	64	77
Cranleigh ...	Tring, Cranleigh	1st & 3rd Thursdays.	33	193	22	286	22	79	101
Long & Thames Ditton	Village Hall, Long Ditton ...	Every Tuesday.	63	1,069	31	1,366	45	124	169
Dorking ...	Dene Street, Dorking ...	Every Monday and Tuesday.	131	1,987	57	2,483	102	334	436
Dormansland ...	Baptist Chapel, Dormansland	2nd & 4th Mondays.	6	81	2	159	6	20	26
Dunsfold... ...	Winns Hall, Dunsfold ...	2nd & 4th Mondays.	10	57	1	229	6	26	32
Effingham ...	Women's Institute, Effingham	2nd & 4th Wednesdays.	16	100	6	368	12	49	61
Egham	Drill Hall, Kings Road, Egham	Every Wednesday and Friday.	132	2,945	37	4,118	108	289	397
Elstead	Village Hall, Elstead ...	1st & 3rd Tuesdays	21	209	5	460	13	40	53
Epsom	S.C.C. Clinic, Waterloo Road, Epsom	Every Wednesday	173	2,666	64	1,795	132	350	482
Ewell	Mary Wallis Hall, Ewell ...	1st, 2nd, 3rd & 4th Mondays.	122	1,059	38	715	94	194	288
Ewhurst	Village Hall, Ewhurst ...	1st & 3rd Thursdays.	13	112	9	286	9	39	48
Farnham... ...	Brightwells, East Street, Farnham	Every Tuesday and Thursday.	82	1,577	5	2,640	46	164	210
Frimley	Village Hall, Frimley ...	2nd & 4th Wednesdays	46	417	18	617	32	110	142
Godalming ...	Church Room, Queen Street, Godalming	Every Friday.	107	1,939	39	2,256	105	235	340
Godstone ...	White Hart Barn, Godstone...	2nd & 4th Wednesdays.	26	187	19	334	14	68	82
Hale	Institute, Hale	Every Friday.	37	686	19	1,391	25	180	205
Haslemere ...	St. Christopher's Hall, Haslemere	Every Tuesday.	49	795	4	1,329	34	143	177
Hersham... ...	S.C.C. Clinic, Rodney Road, Walton	Every Thursday.	77	1,275	17	998	62	99	161
Hindhead ...	Congregational Chapel Rooms, Beacon Hill	Every Friday.	20	438	6	699	16	71	87
Horley	Technical Institute, Horley ...	Every Friday.	52	721	30	1,464	34	156	190
Horley, Salfords	Parish Hall, Salfords ...	2nd & 4th Tuesdays.	18	207	4	292	15	31	46

Centre.	Address.	Days of Centre.	Children under One Year		Children One—Five Years		Total number of children who were in attendance at the centre at the end of 1935.		
			New Cases.	Total Attendances	New Cases.	Total Attendances	Children under one year of age.	Children between the ages of one and five years.	Total.
Horsley, West ...	Village Hall, West Horsley ...	1st & 3rd Thursdays.	18	166	7	318	16	53	69
Hurst Green ...	St. Agatha's Mission Hall, Hurst Groen	1st & 3rd Mondays.	16	172	7	319	13	38	51
Kingswood ...	Women's Institute	1st & 3rd Mondays	17	160	16	267	24	69	93
Knaphill... ...	Methodist Chapel, Knaphill ...	Every Friday.	114	1,838	47	2,804	81	260	341
Leatherhead ...	The Institute, Leatherhead ...	Every Friday.	96	1,981	54	2,304	78	165	243
Limpsfield ...	Church Room(opposite Church) Limpsfield	Every Thursday.	17	364	2	408	7	27	34
Lingfield... ...	Blenheim Road, Lingfield ...	Every Tuesday.	20	380	14	508	13	56	69
Malden	8, Westbury Road, New Malden	Every Wednesday and Friday.	198	2,515	78	2,958	170	433	603
Molesey	Old Council Offices, St. Mary's Road, East Molesey	Every Wednesday.	101	1,726	36	1,927	79	175	254
Oxted	Church Room, Oxted ...	1st & 3rd Tuesdays.	11	193	5	403	7	42	49
Peaslake... ...	Old School Room, Peaslake	2nd & 4th Mondays.	15	187	5	204	10	38	48
Puttenham ...	Old School Hall, Puttenham	1st & 3rd Fridays.	12	126	3	156	12	33	45
Ripley	Rio Tea Rooms, Ripley ...	Every Tuesday.	21	357	4	635	17	56	73
Rowledgo ...	Village Hall, Rowledge ...	1st & 3rd Mondays.	18	135	10	355	15	39	54
Send	Men's Institute, Send ...	1st & 3rd Thursdays.	15	151	5	236	19	47	66
Shalford	The Institute, off King's Road, Shalford	Every Wednosday.	28	593	15	831	19	78	97
Surbiton ...	South Place, Surbiton ...	Every Tuesday and Thursday.	347	6,159	73	3,226	303	603	906
Sutton	Public Hall, Sutton	Every Tuesday.	208	3,024	76	2,060	163	365	528
*Tadworth ...	Village Hall, Tadworth ...	1st & 3rd Mondays.	13	292	—	175	—	—	—
Tatsfield... ...	Parish Hall, Tatsfield ...	2nd & 4th Mondays.	8	61	4	188	8	28	36
Tilford	The Institute, Tilford ...	2nd & 4th Tuesdays.	11	160	1	256	6	30	36
Walton-on-the-Hill	Congregational School Room, Walton-on-the-Hill	1st & 3rd Tuesdays.	19	283	7	178	23	46	69
Walton-on-Thames	S.C.C. Clinic, Rodney Road, Walton	Every Friday.	64	1,029	41	1,767	70	150	220
Warlingham ...	Church Hall, The Green, Warlingham	Every Wodnesday.	54	859	25	1,410	42	95	137
Weybridge ...	Locke-King Clinic, Devonshire Road, Weybridge	Every Tuesday.	62	1,240	24	1,640	46	143	189
Whyteleafe ...	Parish Hall, Whyteleafe ...	Every Thursday.	59	1,098	13	916	42	94	136
Windlesham ...	Village Institute, Windlesham	1st & 3rd Tuesdays.	16	184	10	328	13	37	50
Witley	Village Institute, Witley ...	2nd & 4th Wednesdays.	21	164	11	239	19	53	72
Woking	Clarence Avenue, Woking ...	Every Monday and Wednesday.	132	1,496	50	1,524	105	320	425
Worcester Park...	Malden & Cuddington Jubilee Institute on Malden Green	Every Thursday.	208	2,536	66	1,084	163	293	456
Wrecclesham ...	Parish Room, The Institute, Wrecclesham	2nd & 4th Mondays.	14	125	4	416	8	47	55
			4,208	63,550	1,511	74,815	3,286	8,941	12,227

* Transferred to Kingswood.

NURSING HOMES REGISTRATION ACT, 1927.

During the year 23 new applications for registration under the above Act were received. Each application was approved subject to compliance with certain requirements, and at the end of the year thirteen applicants had complied and were granted certificates of registration. Six certificates of registration were isued in respect of applications outstanding at the end of the previous year, making a total of nineteen certificates of registration issued during the year 1935.

On the 31st December, 1935, there were 116 registered and 9 exempted nursing homes on the register.

Frequent visits of inspection were made during the year to registered nursing homes.

TUBERCULOSIS.

(1) Notifications.

The summary of returns for 1935 received from the district medical officers of health shows that 905 cases of tuberculosis were notified during the year, as compared with 929 for the previous year, *i.e.*, a decrease of 24 cases. The number of notifications of pulmonary tuberculosis decreased from 757 in 1934 to 719 in 1935, a reduction of 38 cases, but the number of non-pulmonary notifications showed an increase of 14 from the previous year.

The case rate of pulmonary tuberculosis per thousand of the population for the County of Surrey for the year 1935 was the lowest on record since tuberculosis became notifiable in 1912, namely, 0.66 ; the figure for the previous year was 0.72. In non-pulmonary tuberculosis the case rate for the County was 0.17 ; the figure for the previous year was 0.16 which was the lowest recorded since 1922.

The age and sex distributions of the new notifications received by the district medical officers of health throughout the year are as follows :—

Age period.	Pulmonary.		Non-pulmonary.		Totals.
	Male.	Female.	Male.	Fomale.	
Under 1 year	—	1	1	—	2
One and under 5 years ...	1	1	17	7	26
5 ,, ,, 10 ,, ...	3	3	13	15	34
10 ,, ,, 15 ,, ...	3	7	9	17	36
15 ,, ,, 20 ,, ...	30	48	11	12	101
20 ,, ,, 25 ,, ...	52	71	13	13	149
25 ,, ,, 35 ,, ...	103	104	11	19	237
35 ,, ,, 45 ,, ...	87	61	3	13	164
45 ,, ,, 55 ,, ...	51	22	3	4	80
55 ,, ,, 65 ,, ...	37	14	2	2	55
65 and upwards	11	9	1	—	21
Totals ... 1935	**378**	**341**	**84**	**102**	**905**
1934	396	361	78	94	929
1933	412	370	102	108	992
1932	422	405	98	110	1035
1931	405	397	95	99	996
1930	385	320	99	85	889
1929	397	312	91	87	887

From the above table it is clear that the heaviest assaults of tuberculosis fall on persons in the best years of life when their value to the community is greatest ; of the 905 cases notified last year, 651 (or 72 per cent.) occurred between the ages of fifteen and forty-five. In this respect there is a similarity to maternal mortality, which also, of natural necessity, occurs in a highly precious section of the community.

It will also be noted that the disease attacks young women much more frequently than young men ; no completely satisfactory reason for this has yet been given.

Information regarding cases of tuberculosis in Surrey is also obtained from other sources, *e.g.*, transfers from other areas, death returns, posthumous notifications, etc. During the year 1935 there were 450 cases which became known by such means, as compared with 400 in 1934. The following table gives an analysis of these cases :—

Source.	Pulmonary.	Non-Pulmonary	Total.
Death Returns ... (i) From local registrars ...	41	17	58
(ii) Transferable deaths ...	36	15	51
Posthumous notifications	17	8	25
Transfers from other areas	266	43	309
Other sources	3	4	7
Totals ...	363	87	450

The heading " Transfers from other areas " refers to tuberculous persons who have come to reside in Surrey during the year, and the 309 cases shown under this heading represent an increase on the previous year of 53 cases. Of these inward transfers 202 came from the County of London. No other single Authority transferred a large number of cases to Surrey.

Each district medical officer of health keeps a register of the known cases of tuberculosis resident in his sanitary district, and the register is checked quarterly with the information available in the

County Health Department. The numbers of cases on the district registers on the 31st December, 1935, were as follows :—

	Pulmonary.	Non-Pulmonary
Males	2,027	675
Females	2,017	728
Totals ...	4,044	1,403
Grand Total ...	5,447	

The total of 5,447 persons is a decrease of 83 as compared with the total on the district registers at the end of 1934.

(2) Deaths.

The total number of deaths from pulmonary tuberculosis during 1935 was 488, as compared with 508 during the previous year ; the death rate per thousand of the population was 0.45, which is the lowest recorded since the notification of the disease was introduced in 1912. In 1934 the death rate was 0.48.

In non-pulmonary tuberculosis the total number of deaths was 84, or 0.08 per thousand of the population which is the lowest recorded. The figure for 1934 was 0.09.

For purposes of comparison the distribution of all deaths from tuberculosis in the various Sanitary Districts and the respective death rates are shown on page 15.

The following table gives, for both types of tuberculosis, the statistics regarding primary notifications, case rates, total numbers of deaths and death rates for each year from 1912 to 1935 inclusive.

Year.	Pulmonary tuberculosis.				Other forms of tuberculosis.			
	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Primary cases notified.	Case-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
1912	1,379	2·04	488	0·72	Not notifiable.		147	0·21
1913	1,187	1·73	477	0·69	453	0·72	162	0·23
1914	964	1·33	482	0·68	264	0·36	144	0·20
1915	941	1·42	540	0·82	203	0·30	161	0·24
1916	842	1·30	537	0·83	244	0·38	152	0·23
1917	799	1·27	605	0·96	223	0·35	171	0·27
1918	887	1·37	674	1·04	187	0·28	138	0·21
1919	787	1·14	505	0·73	121	0·17	107	0·15
1920	646	0·90	483	0·67	109	0·15	118	0·16
1921	648	0·88	449	0·61	127	0·17	109	0·14
1922	687	0·93	466	0·63	123	0·16	100	0·13
1923	668	0·91	432	0·59	152	0·21	96	0·13
1924	741	0·99	479	0·64	213	0·28	117	0·15
1925	712	0·93	470	0·62	165	0·21	90	0·12
1926	673	0·86	420	0·54	159	0·20	93	0·12
1927	711	0·89	468	0·59	181	0·23	94	0·12
1928	657	0·78	456	0·55	199	0·24	104	0·12
1929	709	0·82	487	0·57	178	0·21	101	0·12
1930	705	0·78	443	0·49	184	0·20	83	0·09
1931	802	0·85	524	0·56	194	0·21	81	0·09
1932	827	0·84	493	0·50	208	0·21	97	0·10
1933	782	0·77	560	0·55	210	0·21	86	0·09
1934	757	0·72	508	0·48	172	0·16	96	0·09
1935	719	0·66	488	0·45	186	0·17	84	0·08

The foregoing table shows very clearly the success with which the modern attack on tuberculosis is being made. Owing to the enormous growth of population which has taken place and continues to take place in Surrey (between 30,000 and 40,000 a year), the whole numbers in the table are misleading, but the rates per thousand of the population show the true position. These rates show that in the twenty-three years since the introduction of the notification of tuberculosis, the number of cases per thousand of the population of Surrey has fallen by 68 per cent. in pulmonary tuberculosis and by 77 per cent. in non-pulmonary tuberculosis, while the death rates have fallen by 37.5 per cent. in the pulmonary form and by 62 per cent. in the non-pulmonary form.

(3) New Notifications and Deaths.

The new cases which are included in the first two tables of this section on tuberculosis number 1,355. The following table gives an analysis of these cases in terms of the type of disease, the sex and the age of the person : in addition, the table gives a similar analysis of the 572 tuberculous persons who died during the year.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under one year ..	1	3	2	7	—	3	2	9
One and under 5 years	1	4	22	11	1	1	13	5
5 „ „ 10 „	7	7	19	22	—	3	8	6
10 „ „ 15 „	8	10	20	21				
15 „ „ 20 „	37	64	15	15	26	57	3	5
20 „ „ 25 „	69	101	15	17				
25 „ „ 35 „	161	178	22	23	74	72	4	5
35 „ „ 45 „	119	94	3	16	61	36	2	3
45 „ „ 55 „	73	34	4	8	53	23	3	4
55 „ „ 65 „	54	17	5	3	36	13	4	2
65 and upwards ..	24	16	3	—	23	6	5	1
Totals ..	554	528	130	143	274	214	44	40

Of the 572 deaths which occurred during the year, 134 or 23.4 per cent. occurred in non-notified cases. These figures compare less favourably with those of 1934, when 120 (or 19.9 per cent.) occurred in non-notified cases, the total number of deaths for that year being 604.

(4) Anti-Tuberculosis Scheme.

(*a*) **Dispensary Organisation.**

There has been a considerable increase in the volume of work done under the Tuberculosis Scheme in the past few years, and in consequence of this and of the continued rapid growth of the population of the County, a further review of the existing organisation became necessary. During the year, the existing arrangements were carefully considered, and the County Council decided not only to extend the scheme to meet the immediate requirements, but also so to organise it that adequate provision could be made within the framework of the scheme for any future developments in the tuberculosis work in the County. Accordingly the framework of a complete and ultimate scheme was constructed and adopted as the policy of the County Council, to be translated into actual operation as the needs arise.

Under this scheme there will ultimately be five full dispensary areas, with a small dispensary area controlled from the Milford Sanatorium ; the principle of giving the clinical control of each of these areas to a full-time Tuberculosis Officer is re-affirmed. If any subsequent expansion of the scheme should become necessary in any of the five areas the expansion would be effected by the appointment of assistant tuberculosis officers. The scheme also provides that health visiting should, in urban areas, be done by full-time Tuberculosis Health Visitors, who should also perform the duties of Dispensary Nurses, thus maintaining a close liaison between the Tuberculosis Officer and the patients' homes ; it was also decided that Dispensary Clerks should undertake most of the clerical work which is at present done by the Tuberculosis Officers or the Health Visitors, so preserving the time of these officials for the work for which they have been specially trained.

As regards the organisation of the Dispensary Areas, the scheme continues the principles already in operation that there should be a main dispensary in each area, serving a varying number of sub-dispensaries and having readily available all modern means of diagnosis, including facilities for radiological and pathological investigations, and that each area should have at its disposal a number of hospital beds for observation and treatment.

The immediate proposals are set out in the succeeding paragraphs.

(i) *Personnel.*—The present scheme has reached such a stage of development and the work has so increased that an increase in staff has become necessary. The County Council has therefore approved the appointment of a fourth full-time Tuberculosis Officer to have charge of the south-western area of the County, two Dispensary Clerks to assist in the sub-metropolitan areas, and two extra full-time Tuberculosis Health Visitors (these latter being provided by a re-distribution of work among the present staff of Health Visitors).

(ii) *Hospital Beds in the Dispensary Areas.*—The District Tuberculosis Officer is the visiting Medical Officer in charge of the tuberculosis beds in the Public Assistance hospital or hospitals in his district. These hospitals provide, at present, a total of 84 beds reserved for tuberculous cases and the Tuberculosis Officers are responsible for the clinical tuberculosis work of both the Public Assistance and the Public Health Committees.

At the end of the year the new tuberculosis block of 52 beds in the Reigate Hospital was practically completed, and it will be brought into complete use during 1936. This new block has accommodation for 26 male and 26 female patients on two floors, and is completely modern in its design and construction ; it is detached in the hospital grounds and looks over Reigate Common. It is possible for practically all the beds to be either wholly or partially out of doors in fine weather. All the facilities—radiological and other—of what is practically a new general hospital, are immediately available for the tuberculosis block.

The block provides an interesting example of the economical co-ordination of a Council's Tuberculosis Scheme with its other hospital work. The County Council has decided to " appropriate " the Reigate Hospital during 1936 so that the tuberculosis block will be under the direct management of the Public Health Committee.

(iii) *X-ray Facilities and Other Special Methods.*—The radiography of the lungs has improved very greatly in recent years and X-ray examination is now indispensable for the early diagnosis of pulmonary tuberculosis. The Tuberculosis Officers are encouraged to make the fullest use of the X-ray facilities which have been made available.

The existing arrangements with the Brompton Hospital, the Royal Surrey County Hospital and elsewhere have been continued. In addition, the Tuberculosis Officers are empowered to send cases for X-ray examination to the County Sanatorium, Milford, and to certain of the Public Assistance Hospitals.

Perhaps it may be permitted to refer here to a very valuable investigation which was conducted in 1934 and 1935 by Dr. R. C. Wingfield, Medical Superintendent of the Frimley Sanatorium, and Dr. A. M. C. MacPherson, of the Brompton Hospital for Consumption and Diseases of the Chest, at the expense of the Research Department of the Brompton Hospital. With the approval of the Education Committee of the County Council, 1,350 children of both sexes between the ages of 14 and 18 years attending the secondary schools in the County, voluntarily submitted to radiological examination of the lungs. In addition, 1,031 adolescents of the same ages in various forms of employment consented to be examined in the same way. The object of the investigation was to discover whether " extensive lesions of adult disease are really deposited during adolescence with the accompaniment of slight or, at any rate, unexplained constitutional disturbances : whether these lesions are carried unrecognised, perhaps extending slowly and without symptoms, until they make their presence known in adult life, either by reason of their spread past a definite point or because some environmental cause has allowed of their reactivation."

Dr. Wingfield and Dr. MacPherson, in the report on their investigation, state that 15 (0.65 per cent.) of the X-ray films showed changes indistinguishable from those associated with tuberculosis of the adult type and that 12 (0.43 per cent.) showed changes probably due to tuberculosis. They tentatively conclude that these figures appear to support the hypothesis that adult tuberculosis originates in adolescence, and stress the need for concentrating on the detection of such cases at their commencement.

The bacteriological examination of sputum and other material is undertaken at the pathological laboratory at the Royal Surrey County Hospital, Guildford.

The number of cases receiving artificial pneumothorax treatment at the out-patient clinic held at the County Sanatorium for this purpose continues to increase. This treatment is usually started during the patient's sojourn in the sanatorium and after discharge is continued either at the County Sanatorium or at an approved London Hospital.

Other forms of surgical treatment for pulmonary tuberculosis are at present provided at various voluntary hospitals to which patients are admitted at the charge of the Public Health Committee, but during the year the County Council approved the erection of a complete operating unit and a new X-ray department at the County Sanatorium where most of this operative work will be done in the future.

The home nursing of tuberculous persons is carried out when necessary by the nurses of the District Nursing Associations, to which the County Council makes an agreed payment per visit.

In cases where the Tuberculosis Officer considers it desirable either for purposes of isolation or of treatment, the County Council arranges for the erection, on loan, of a shelter in the patient's garden, if a suitable garden be available. These shelters are regularly inspected by health visitors or by a technical officer of the Public Health Department. On the 31st December, 1935, there were 107 shelters in use.

(iv) *Dispensaries.*—During the year it was decided that, as soon as practicable, new dispensaries should be established at Carshalton, Barnes and Camberley and that the number of sessions at the Purley and Sutton dispensaries should be increased.

The following table shows the distribution of the dispensaries in the County :—

Dispensary and Tel. No.	Address.	Day and Time of Meeting.	Tuberculosis Officer in Charge.
1. Cobham	The Village Hall, Cobham ...	1st Wednesday at 10 a.m. ...	Dr. Renwick.
2. Dorking ... ... (Dorking 2079)	Dene Street, Dorking	1st and 3rd Thursdays at 10 a.m.	Dr. Campbell.
3. Egham	The Drill Hall, King's Road, Egham	3rd Wednesday at 10 a.m. ...	Dr. Renwick.
4. Epsom ... ... (Epsom 9920)	44, Waterloo Road, Epsom ...	1st, 2nd, 3rd and 5th Tuesdays at 2 p.m. 4th Tuesday at 5.30 p.m.	Dr. Campbell.
5. Farnham ... ... (Farnham 834)	Brightwells, East Street, Farnham	1st, 3rd and 5th Fridays, 2 to 4 p.m. 2nd Friday at 5.30 p.m.	Dr. Allison.
6. Godstone	The White Hart Barn, Godstone	1st Wednesday at 10 a.m. ...	Dr. Campbell.
7. Guildford ... ... (Guildford 1297)	49, Farnham Road, Guildford...	1st, 3rd and 5th Wednesdays at 10 a.m. Fridays at 10 a.m. 2nd and 4th Wednesdays at 5.30 p.m.	Dr. Langford.
8. Horley	Technical Institute, Horley ...	2nd Wednesday at 10 a.m. ...	Dr. Campbell.
9. Milford ... ... (Godalming 870)	Milford Sanatorium	2nd and 4th Fridays 2 to 4 p.m.	Dr. Allison.
10. Mitcham ... ... (Mitcham 3905)	Western Road, Mitcham ...	1st, 3rd and 5th Tuesdays at 1.30 p.m. Thursdays at 1 p.m. 4th Thursday at 5.30 p.m.	Dr. Attlee.
11. Purley ... ... (Uplands 3549)	Whytecliffe Road, Purley ...	2nd, 3rd, 4th and 5th Mondays at 2 p.m. 1st Monday at 5.30 p.m.	Dr. Campbell.
12. Redhill ... ... (Redhill 544)	1a, Cecil Road, Redhill ...	2nd, 3rd, 4th and 5th Thursdays at 2 p.m. 1st Thursday at 5.30 p.m.	Dr. Campbell.
13. Richmond ... ... (Richmond 0525)	38, Sheen Road, Richmond ...	1st, 3rd and 5th Tuesdays at 1.30 p.m. 2nd and 4th Tuesdays at 5.30 p.m.	Dr. Renwick.
14. St. Helier... ... (Mitcham 2358)	Middleton Road, St. Helier Estate, Morden	Mondays at 1.30 p.m. 2nd Monday at 5.30 p.m.	Dr. Attlee.
15. Surbiton ... ... (Elmbridge 4897)	South Place, Surbiton Hill ...	Wednesdays at 5.30 p.m. Fridays at 1.30 p.m.	Dr. Renwick.
16. Sutton ... ... (Sutton 1136)	Public Hall, Church Road, Sutton	Wednesdays at 2 p.m. 3rd Wednesday at 5.30 p.m.	Dr. Campbell.
17. Weybridge ... (Weybridge 523)	Locke King Clinic, Devonshire Road, Weybridge	2nd Wednesday at 10 a.m. 4th Monday at 5.30 p.m.	Dr. Renwick.
18. Wimbledon ... (Wimbledon 4095)	30, Worple Road, Wimbledon ...	Wednesdays at 1.30 p.m. 1st Tuesday at 5.30 p.m. Fridays at 9.30 a.m.	Dr. Attlee.
19. Woking ... ... (Woking 1203)	Clarence Avenue, Woking ...	1st, 3rd, 4th and 5th Mondays at 10.0 a.m. 2nd Monday at 5.30 p.m.	Dr. Renwick.

On 31st December, 1935, there were 5,447 known cases of tuberculosis resident in the County, of whom 2,938, definitely tuberculous, were on the dispensary registers ; this latter figure represents 53.9 per cent. of the known cases.

The following table shows the work of the dispensaries during 1935 :—

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.				Grand Total.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—New Cases examined during the year (excluding contacts) :—													
(a) Definitely tuberculous	276	252	2	6	38	32	30	26	314	284	32	32	662
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	1	—	—	1	2
(c) Non-tuberculous	—	—	—	—	—	—	—	—	288	311	113	92	804
B.—Contacts examined during the year :													
(a) Definitely tuberculous	27	30	2	3	2	—	3	1	29	30	5	4	68
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	1	—	—	1	2
(c) Non-tuberculous	—	—	—	—	—	—	—	—	90	206	216	186	698
C.—Cases written off the Dispensary Register as :—													
(a) Recovered	35	45	—	—	18	9	17	9	53	54	17	9	133
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	384	531	333	281	1530
D.—Number of Cases on Dispensary Register on December 31st :—													
(a) Definitely tuberculous	1128	1138	33	31	127	178	169	134	1255	1316	202	165	2938
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	2	—	—	2	4

1. Number of cases on Dispensary Register on January 1st	2,856
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	326
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases " lost sight of " ...	479
4. Cases written off during the year as Dead (all causes)	334
5. Number of attendances at the Dispensary (including Contacts)	9,028
6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	176
7. Number of consultations with medical practitioners :—	
(a) Personal	401
(b) Other...	1,097
8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	763
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes	13,928
10. Number of :—	
(a) Specimens of sputum, etc., examined	987
(b) X-ray examinations made ... ... in connexion with Dispensary work	315
11. Number of " Recovered " cases restored to Dispensary Register, and included in A(a) and A(b) above	2
12. Number of " T.B. plus " cases on Dispensary Register on December 31st ...	1,507

The number of " contacts " examined during the year was 768, being the equivalent of 134.3 contacts examined per 100 deaths from tuberculosis.

The number of cases written off the dispensary registers as " Recovered " shows a slight increase during the year from 113 in 1934 to 133 in 1935.

(b) Residential Treatment.

The County Sanatorium, Milford, has accommodation for 300 adult pulmonary cases. Among other sanatoria to which the County Council sends adult pulmonary cases are the National Sanatorium, Benenden, King George's Sanatorium, Bramshott, and the Holy Cross Sanatorium, Haslemere. Children with pulmonary tuberculosis are sent to Church Army Lads' Sanatorium, Heath End, the National Children's Homes, Harpenden, and Holy Cross Sanatorium, Haslemere. Non-pulmonary cases are sent to St. Nicholas Hospital, Pyrford, Lord Mayor Treloar's Hospital, Alton, St. Anthony's Hospital, Cheam, the Royal Sea Bathing Hospital, Margate, and others. Throughout the year, a daily average of approximately 100 beds in pulmonary sanatoria (other than Milford) and approximately 140 beds in non-pulmonary hospitals or sanatoria are occupied by Surrey cases.

In addition, 84 beds are provided for tuberculous cases in the Public Assistance Hospitals in the County. The number of patients in these hospitals will be considerably increased in the present year, by the occupation of the new tuberculosis block for 52 patients in the Reigate Hospital. Furthermore, a block of 52 beds for tuberculosis will be provided in the new St. Helier Hospital.

The scheme for providing training in various handicrafts to patients in the County Sanatorium has shown satisfactory progress, and an assistant handicrafts instructress was appointed during the year.

During the year, also, the County Council approved a scheme for the provision of convalescent treatment for tuberculous patients.

The type of cure dealt with by this scheme is the patient in whom the disease is quiescent or relatively inactive, and who develops a failure in general health of a minor character. Such a case does not need sanatorium treatment ; yet if the ailment is not vigorously dealt with at once, it may terminate in a serious re-activation of the tuberculous lesion, necessitating several months in a sanatorium.

A patient of this type requires to be put in a healthy environment with adequate rest and good food but these may be unobtainable at home on account of bad housing conditions or of family or financial circumstances. A short period of convalescent treatment may prevent a serious breakdown and obviate the need for prolonged sanatorium treatment, which might otherwise become necessary.

This scheme does not deal with those cases in which the general symptoms can definitely be ascribed to an extension of the tuberculous lesion, as patients of this description require the more intensive treatment provided by hospitals or sanatoria.

During 1935 the number of cases recommended for institutional treatment was 917, as compared with 938 in the previous year. The following table gives a classification of these cases :—

	Pulmonary.	Non-Pulmonary.
Males	391	52
Females	344	44
Children	13	73
Totals	748	169
	917	

Notice of the admission and discharge of all patients is sent to the district medical officers of health to enable them to take all the necessary steps for the prevention of the spread of infection. Private medical practitioners receive a report on the clinical condition of their patients on discharge from the sanatorium.

The following table shows the numbers and sex of all patients (excluding those in Public Assistance Hospitals) who received institutional treatment during 1935 :—

		In Institutions on Jan. 1. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31. (5)
Number of doubtfully tuberculous cases admitted for observation	Adult Males ...	1	20	18	—	3
	Adult Females	1	14	13	—	2
	Children ...	—	20	16	—	4
	Total	2	54	47	—	9
Number of patients suffering from pulmonary tuberculosis	Adult Males ...	196	285	239	63	179
	Adult Females	190	238	216	44	168
	Children ...	18	3	13	—	8
	Total	404	526	468	107	355
Number of patients suffering from non-pulmonary tuberculosis	Adult Males ...	31	34	39	2	24
	Adult Females	24	33	28	1	28
	Children ...	90	53	51	3	89
	Total	145	120	118	6	141
Grand Total		551	700	633	113	505

The immediate results of treatment of definitely tuberculous patients discharged from tuberculosis sanatoria or hospitals during 1935 are recorded in the following table :—

Classification on admission to the Institution.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
			Under 3 months but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	2	3	1	7	15	2	3	7	3	1	—	1	13	25	7	45
		Not quiescent ..	8	9	—	9	19	—	12	8	1	—	3	2	29	39	3	71
		Died in Institution ..	2	3	—	1	2	—	2	3	—	2	—	—	7	8	—	15
	Class T.B. plus. Group 1.	Quiescent	—	—	—	—	2	—	4	6	1	—	—	—	4	8	1	13
		Not quiescent ..	5	5	—	10	8	—	7	14	—	6	3	—	28	30	—	58
		Died in Institution ..	1	—	—	—	—	—	3	—	—	—	—	—	4	—	—	4
	Class T.B. plus. Group 2.	Quiescent	—	1	—	3	5	—	—	2	1	1	—	—	4	8	1	13
		Not quiescent ..	12	10	—	40	29	—	41	19	—	13	5	—	106	63	—	169
		Died in Institution	8	2	—	11	2	—	12	5	—	1	5	—	32	14	—	46
	Class T.B. plus. Group 3.	Quiescent	1	—	—	1	2	—	—	2	—	—	1	—	2	5	—	7
		Not quiescent ..	4	3	—	13	11	—	17	15	1	7	3	—	41	32	1	74
		Died in Institution ..	3	1	—	5	6	—	2	9	—	3	2	—	13	18	—	31
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	1	1	2	3	1	—	5	1	5	6	4	2	15	7	9	31
		Not quiescent ..	3	1	2	—	2	2	2	3	3	2	1	2	7	7	9	23
		Died in Institution ..	1	1	—	—	—	1	1	—	2	—	—	—	2	1	3	6
	Abdominal.	Quiescent	1	—	1	—	2	4	—	3	5	—	—	2	1	5	12	18
		Not quiescent ..	1	—	—	1	2	—	—	1	—	—	—	—	2	3	—	5
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	Quiescent	—	—	—	2	1	—	3	—	1	—	—	1	5	1	2	8
		Not quiescent ..	1	—	—	2	1	—	2	—	—	1	—	—	6	1	—	7
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent	—	—	2	—	1	4	1	—	9	—	—	1	1	1	16	18
		Not quiescent .	—	1	1	—	1	1	1	—	—	—	—	1	1	2	3	6
		Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

The results of the observation of doubtful tuberculous cases resident in institutions during the year are as follows :—

Diagnosis on discharge from Observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						TOTALS		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	4	—	—	—	2	2	—	1	3	—	—	—	4	3	5
Non-tuberculous	6	3	—	6	4	—	—	1	2	1	1	8	13	9	10
Doubtful	—	—	—	1	—	—	—	—	—	—	1	1	1	1	1
TOTALS	10	3	—	7	6	2	—	2	5	1	2	9	18	13	16

At the end of 1935 there were 515 patients under treatment in residential institutions, and these patients were distributed as follows :—

	Pulmonary.	Non-Pulmonary.	Totals.
County Sanatorium	297	—	297
Other Institutions :			
(a) Hospital	11	145	156
(b) Sanatorium	55	7	62
Totals	363	152	515

The above statistics refer only to cases coming within the scope of the Anti-Tuberculosis Scheme of the Public Health Committee and do not include patients in residence at the hospitals administered by the Public Assistance Committee. Reference to the latter patients appears on page 50.

(c) Care Organisation.

The scheme for the eare of tuberculous persons and their families came into full operation during 1935. This scheme provides for the establishment of a voluntary care committee in association with each dispensary, and for a central co-ordinating body.

The development of the scheme has been along the following lines :—

(I) Formation of Care Committees.

(i) *Method of Forming a Committee.*—A conference was held to consider the formation of care committees, and there were present representatives of the Public Health Committee, the Surrey Voluntary Workers' Advisory Committee, the Municipal Boroughs and the District Councils.

This conference decided that there was great need for the extension of care work in tuberculosis, and that a voluntary care committee should be established for each tuberculosis dispensary. It was further decided that, where no care committee existed, the Mayor or Chairman of the District Council should be asked to convene a meeting in the district for the purpose of considering the problem.

The response on the part of the Local Authorities has been so good that there are now eighteen eare committees in the County.

(ii) *Constitution.*—In a County like Surrey the main difficulties are the variation in character of the dispensary districts, the distribution of cases from one sanitary district over two, three or more dispensaries, and the variety of the voluntary help available. For these reasons it was inadvisable, indeed, impossible, to lay down a rigid scheme for the constitution of care committees throughout the County. There were, however, certain guiding principles which could be followed in the formation of a district care committee.

It was felt that while valuable assistance could be secured from representatives of voluntary associations which were already concerned with social welfare in a district, it was essential that there should be a representative from each of the local authorities concerned (County Council, Municipal Borough or District Council), together with its Medical Officer of Health. Other organisations which would strengthen the committee were those associated with health insurance (Insurance Committee and Friendly Societies) and unemployment. The County Council was interested, not only

as the authority charged with providing facilities for diagnosis and treatment, but also as the authority for public assistance. It was vital also that the local dispensary Tuberculosis Officer should be a member of the committee.

The composition of each district or dispensary committee was generally as follows :—

1. one member appointed by the County Council ;
2. one member appointed by the Local Sanitary Authority ;
3. one member appointed by the Surrey Insurance Committee ;
4. one member appointed by the Local Employment Exchange ;
5. one member from the Public Assistance Authority ;
* 6. members to represent charitable and voluntary agencies in the area ;
7. the Medical Officer of Health of the District ;
8. the dispensary Tuberculosis Officer ;
9. the County Medical Officer (ex-officio).

* The number varied with the local conditions.

(iii) *Working Arrangements.*—In some dispensary areas the size of the committee constituted as above was large, but small executive committees were formed to secure the rapid execution of business and to economise the members' time. These executive committees report to the main committee at regular intervals. Where the business is urgent, power is usually given to the Secretary to act in consultation with the Chairman.

(iv) *Standing Conference of Surrey Tuberculosis Care Committees.*—Some years ago care committees were established in several districts but owing to lack of co-ordination, the absence of official representation, and perhaps the inherent difficulties of the work and other circumstances, only a few survived.

Now that the Local Sanitary Authorities have shown a keen interest in the work, and voluntary effort has again responded to the call for assistance, it has been felt desirable to establish a central body representative of all the district committees for the purpose of co-ordinating care work in the County and of keeping alive all the established care committees. This conference meets twice a year and already has done valuable work, not only in establishing an experimental handicraft centre, but in making successful representation to the County Council, Borough Councils, and District Councils on certain aspects of care work.

(II) Functions of Care Committees.

A district care committee exists as an ancillary to the official organisation of the tuberculosis dispensary, and concerns itself mainly with the consideration of cases referred to it by the Tuberculosis Officer. It is difficult, and even inadvisable, to schedule precisely the functions of such a committee, but the following general memorandum was issued for the guidance of the committees :—

(i) *District Care Committee.*

1. The efficiency of a Committee depends upon the knowledge and experience and enthusiasm of its individual members, and it is important that as many of them as possible should be persons experienced in social welfare work.

2. One of the members with special experience in social welfare work should be appointed to undertake the duties of honorary secretary of the Committee.

3. Since the occurrence of tuberculosis in a single member of a family may have a serious effect upon the social and economic circumstances of the family as a whole, it is essential that the unit with which the Care Committee deals should be the family and not the individual patient.

4. The primary duty of the Care Committee, therefore, should be to consider the economic position of the family, and to render advice and assistance with a view to enabling them to adjust their circumstances to the new conditions, to maintain their economic independence, and to derive the fullest advantage from the treatment provided.

5. The aim of the Committee should be to help the patient to help himself, rather than to allow him to be dependent on others.

6. The Committee should restrict the giving of financial assistance as much as possible, recognising that though such assistance may sometimes be necessary as a temporary measure to tide over certain periods, it should be given only with the greatest circumspection.

7. Where the necessity for such assistance arises, it can better be provided through the agency of existing charitable or public organisations than from a special fund administered by the Care Committee, and in such cases it should be the function of the Care Committee to bring the family into touch with the appropriate organisation.

8. Where this course is impracticable, and the Care Committee finds it essential to give financial or other material assistance, it should always be borne in mind that the giving of such assistance is only subsidiary to the main function of the Committee.

9. Grants of a permanent nature, or for long periods, should never be given.

10. Every case likely to need assistance should be considered at the earliest possible stage. It is not sufficient to wait until the patient has returned from the sanatorium.

11. With regard to employment, the Tuberculosis Officer may be able to say how long the patient is likely to remain in a sanatorium, and to give some idea of the extent of his working capacity on discharge ; if so, the Committee may consider :—

(*a*) the precise nature of the old occupation of the patient and how far he can suitably continue in it after discharge ;
(*b*) whether the conditions of the old occupation can be varied so as to make the old occupation reasonably suitable ; or
(*c*) whether some change in the nature of the employment can be made which will enable the patient's old experience still to be of service.

12. In these matters the Committee may be able to make useful suggestions to the patient's employer ; to re-assure employers and fellow workmen as to the limitation of infectiousness of tuberculosis in a patient who has been treated and trained to take precautions, and to give guidance to the patient as to the precautions which will enable him to work without being a danger to others.

13. Where the old occupation of a patient is definitely unsuitable and arrangements have been made for his training in a new occupation, it should be remembered that experience has already shown that comparatively few men can make good in such new occupations unless they can rely upon active assistance from a Care Committee. The Committee can render material assistance to these men by seeking out persons likely to employ them, helping them to find suitable locations in which they can practise their new occupations, and assisting to find a clientele for their services or a market for their goods. The Care Committee may even consider it desirable to commence a handicrafts class to interest those patients who are unable to find employment.

14. In the case of a tuberculous breadwinner or tuberculous mother, the Care Committee may sometimes help by inducing relatives or friends of the patient to take charge temporarily of one or more children and thus relieve the burden on the family ; or they may be able to arrange for help in the home, during the mother's absence. If the children are at work it may be possible to find more remunerative employment for some of them or the patient's employer or others may be made interested in the case and induced to render assistance.

15. Each case needs individual consideration and requires to be dealt with in the light of the special conditions of the family concerned.

16. Visitation of tuberculous persons for investigation of circumstances should normally be undertaken only by the official organisation, unless in special instances and after reference to the Tuberculosis Officer.

17. The foregoing paragraphs indicate only generally the directions in which a Care Committee may be usefully employed. Work on such lines is, of course, more difficult than the mere distribution of money, and to attain success the work of the Committee needs careful organisation. To surmount all the difficulties requires a large stock of patience, perseverance, tact, and sympathy, as well as an accurate knowledge of local conditions.

(ii) *Standing Conference of Surrey Tuberculosis Care Committees.*

The following functions were suggested for the guidance of this Conference :—

1. To consider all matters relating to the care of tuberculous persons and their families, referred to it by the County Council.

2. To consider suggestions from the District Care Committees.

3. To co-ordinate the work of District Care Committees and to secure a uniform policy in tuberculosis care work throughout the County.

4. To form a liaison in tuberculosis work between the County Council, the local district councils and the District Care Committees.

5. To organise schemes for employment of tuberculous persons and sales of work.

The County Council has shown its sympathy with care work throughout the County, and makes financial grants for the establishment of new Committees, and also annual grants for their maintenance.

A considerable amount of valuable work has already been done by district care committees and the central Conference, and the inherent strength of these bodies justifies the hope that they will play an increasingly important part in the Anti-Tuberculosis Scheme of the County.

(5) Public Health Act, 1925—Section 62 (Compulsory Removal of Tuberculous Patients to Hospital).

No action was taken under this section during 1935.

Report on the Work of the County Sanatorium, Milford, during the Year 1935.

By Dr. R. J. Allison, Medical Superintendent.

1. The accommodation for patients has been in full use throughout the year and there has always been a waiting list which has varied between 10 and 50.

2. The following table shows the movement of patients during the year :—

	In Sanatorium on Jan. 1st, 1935.		Admissions during the Year		Discharges during the Year		Deaths during the Year		In Sanatorium on Dec. 31st, 1935.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F
T.B. Negative	15	14	67	72	27	34	2	1	7	6
T.B. Positive—Early	2	6	—	1	8	20	—	—	2	5
Intermediate	56	58	70	76	105	78	—	—	69	70
Advanced	77	71	120	75	71	64	44	29	72	66
Totals	150	149	257	224	211	196	46	30	150	147
Grand Totals	299		481		407		76		297	

3. The patients who have been discharged from, or died in, the Sanatorium since its opening were engaged in the following occupations before admission :—

	Male.	*Female.*		*Male.*	*Female.*
Housewife	—	604	Butcher	14	—
Clerical	220	121	Telephonist	5	8
Other Domestic Workers	2	268	Bus Conductor	13	—
Shop Assistant	81	72	Storeman	12	—
Labourer	114	—	Children's Nurse	—	11
Motor Driver	110	—	Shop Manager	10	—
Nurse	16	64	Police Constable	9	—
Fitter, etc...	80	—	Baker	8	—
Gardener	65	—	Milkman	8	—
Factory Worker	2	48	Postman	7	—
Painter and Decorator ..	49	—	R.N. Stoker	7	—
Carpenter	46	—	Wireless Dealer	6	—
Needleworker	—	40	Warehouseman	6	—
Printer	41	—	Leatherworker	5	—
Helping at Home.. ..	—	39	Fishmonger	5	—
Schoolchild	16	20	Shoemaker	5	—
Laundry	5	30	Plumber	5	—
Electrician	32	—	Builder's Labourer ..	4	—
Traveller	30	—	Groom	4	—
Waiter	8	20	Collector	4	—
Bricklayer	19	—	None	15	49
Soldier	18	—	Other	418	64
Teacher	2	15			
Porter	16	—			
R.N. Sailor	15	—		1,572	1,473
Civil Servant	14	—			

4. The patients who were discharged from or died in the Sanatorium during the year came from the following districts :—

Municipal Boroughs or Urban Districts.

Mitcham M.B.	52
Sutton & Cheam M.B.	50
Merton & Morden	42
Wimbledon M.B.	30
Woking	25
Guildford M.B.	23
Richmond M.B.	23
Coulsdon & Purley	22
Carshalton	21
Surbiton	19
Kingston M.B.	19
Maldens & Coombe	17
Epsom & Ewell	14
Walton & Weybridge	11
Barnes M.B.	9
Reigate M.B.	8
Godalming M.B.	8
Caterham & Warlingham	8
Banstead	5
Farnham	5
Chertsey	4
Beddington & Wallington	4
Esher	4
Leatherhead	3
Dorking	2
Frimley & Camberley	1

Rural Districts.

Hambledon	16
Guildford	12
Dorking & Horley	8
Bagshot	5
Total	470

5. The age distribution of these patients was as follows :—

	0—19 years.	20-24 years.	25-29 years.	30-34 years.	35-39 years.	40-44 years.	45-49 years.	50-54 years.	55-59 years.	60 years.	Total.
Male	18	38	52	45	29	26	15	16	8	3	250
Female	21	51	53	40	27	8	10	6	4	—	220
Total	39	89	105	85	56	34	25	22	12	3	470

6. The average length of stay of these patients was :—

208 days. (Males, 207 days).
(Females, 209 days).

7. The " Immediate Results " of treatment (*i.e.*, the condition on discharge) were :—

	Male.	Female.	Total.
Non-Tuberculous	7	4	11
Quiescent	19	40	59
Improved	133	96	229
No material improvement	52	56	108
	211	196	407

8. These results together with the deaths during the year are classified according to sex and group in the two following tables :—

MALE.

Classification on Admission.	No.	Non-T.B.	Classification on Discharge.			Died.
			Quiescent.	Improved.	No material improvement.	
Observation	9	7	2	—	—	—
T.B. Negative	68	—	14	32	10	12
T.B. Positive Group 1 ...	—	—	—	—	—	—
,, ,, ,, 2 ...	53	—	2	45	4	2
,, ,, ,, 3 ...	127	—	1	56	38	32
Total	257	7	19	133	52	46

FEMALE.

Classification on Admission.	No.	Non-T.B.	Classification on Discharge.			Died.
			Quiescent.	Improved.	No material improvement.	
Observation	7	4	1	—	—	2
T.B. Negative	70	—	26	27	14	3
T.B. Positive Group 1 ...	2	—	—	2	—	—
,, ,, ,, 2 ...	52	—	7	38	6	1
,, ,, ,, 3 ...	95	—	5	29	37	24
Total	226	4	39	96	57	30

9. Cases sent in for observation and diagnosis.

Males 9. In 7 of these no evidence of active Tuberculosis was found.
Females 7. In 5 of these no evidence of active Tuberculosis was found, but one died of Carcinoma of the lung.

Diagnoses :—

Hodgkins Disease	1
Actinomycosis of Lung and Pleura	1
Cerebellar Tumour	1
Neoplasms of Lung	2
No disease found	7

10. Deaths.

Males, 46.

Tuberculosis was the cause of death in all except two ; these died of :—

(*a*) Hæmoptysis from Bronchiectasis.
(*b*) Intense Anæmia.

The most important complications found in these cases were :—

Bronchiectasis	1
Tuberculous Meningitis	3
Hæmoptysis	3
Renal Calculus	1
Empyema	1
Laryngitis	2
Sacro-Iliac Tuberculosis	1
Cystitis	1

The average age at death was 35.7 years.

The average stay at the Sanatorium was 187 days.

The periods of stay were :—

Less than 3 months	15
3—6 months	13
6—12 months	14
More than a year	4

Females. 30.

Tuberculosis was the cause of death in all except one who died of Carcinoma of the lung.

The most important complications found in these cases were :—

Spontaneous Pneumothrax with Contralateral Artificial Pneumothrax	2
Peritonitis from numerous Tuberculous perforations	1

The average age at death was 30 years.

The average stay at the Sanatorium was 295 days.

The periods of stay were :—

Less than 3 months	5
3—6 months	5
6—12 months	13
More than a year	7

11. Special Departments.

Laboratory.—1,173 specimens of sputum were examined and of these 770 showed Tubercle Bacilli and 403 did not.

231 specimens of fæces were examined ; 74 showed Tubercle Bacilli and 157 did not.

X-Ray—

Number of Radiograms taken, Chest	1,561
Other	21
Number of screen examinations	4,009

Dental.—Dental attention continues to play an indispensable part in the treatment of the patients. During 1935 it was found that the time devoted to this work was insufficient and the Committee decided to extend it, if necessary, in the coming year.

Out-Patients.—The work in the out-patient department continued to increase. This work is mainly the reinflation and fluoroscopy of Artificial Pneumothorax cases. At the end of the year these numbered 57 males and 48 females in regular attendance. The total visits of out-patients for refills were 1,058 by male and 711 by female patients.

12. Treatment.

The number of in-patients receiving surgical treatment, including Artificial Pneumothorax, for their pulmonary condition continues to increase. At the end of the year 27 males and 41 females were receiving Artificial Pneumothorax refills and during the year 32 patients were transferred to London Hospitals for other forms of surgical treatment.

A trial was made by Dr. Nathan, Assistant Medical Officer, of intravenous injections of Congo Red solution in the treatment of large and repeated hæmoptyses in seven cases. The results were inconclusive but appear to justify a further trial. In two cases the hæmoptysis ceased after the first injection and in a third after a second injection. In a second group of four cases the hæmoptysis continued for some days. In two cases, one in each group, a severe rigor followed the injections.

13. During the year the Committee made an important decision which will lead to a great improvement in the quality of the work done in the Sanatorium. It has been decided to erect a new block which will include an operating unit, a new X-ray unit, and a lecture and a demonstration room for the teaching of the Nursing Staff as well as certain additional residential accommodation for Nurses. The plans were well advanced at the end of the year and it is hoped that the work will be complete during the present year. The X-ray unit will house a new and up-to-date X-ray plant.

It has also been decided to appoint a visiting part-time Surgeon who is a specialist in the surgery of the chest.

14. After Histories.

Reports on the progress of patients after discharge continue to be received, and I wish to take this opportunity of thanking the other members of the County Tuberculosis Service for the care and trouble they take in collecting this important and interesting information.

The following tables show the condition of patients on various anniversaries of their discharge from Milford. They are classified according to the "Immediate Results of Treatment."

The tables aim at giving as accurate a picture as possible of the condition of patients at various intervals of time after their discharge from Milford.

The following classes of patients are excluded from the tables as it is thought that they would detract from the value of the figures :—

(*a*) Patients staying at the Sanatorium for less than 50 days.
(*b*) Patients found to be non-tuberculous.

Patients who are admitted more than once are included in the tables once only.

The column headed "Working" includes those patients known to be working and also a few of whom the Tuberculosis Officer has reported that they are fit for work but unemployed.

The column "Not Working" includes all other patients who are known to be alive. It includes a number of patients about whom no information as to their working capacity is available.

MALES—TUBERCLE BACILLI NEVER FOUND.

Year of discharge.	Total discharges.	"Immediate Result" on discharge.		Condition 1 year later.				2 years later.				3 years later.				4 years later.				5 years later.			
				Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.
1929		Quiescent	19	10	9	—	—	11	5	1	2	11	3	—	4	13	1	—	4	11	2	—	5
1930	76	Improved	48	37	11	—	—	37	10	—	1	39	5	2	2	38	3	1	4	32	3	—	10
		No material improvement	9	3	3	3	—	2	4	—	—	1	4	—	1	2	3	—	1	3	2	—	1
		Quiescent	10	5	5	—	—	7	2	—	1	5	1	1	3	5	1	—	3	—	—	—	—
1931	19	Improved	6	3	2	1	—	3	2	—	—	2	2	—	1	2	—	1	2	—	—	—	—
		No material improvement	3	2	1	—	—	2	—	1	—	1	—	—	1	1	—	—	1	—	—	—	—
		Quiescent	13	8	5	—	—	8	4	—	1*	8	—	2	3*	—	—	—	—	—	—	—	—
1932	23	Improved	8	7	1	—	—	6	2	—	—	4	2	1	1	—	—	—	—	—	—	—	—
		No material improvement	2	1	—	1	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
		Quiescent	13	11	—	—	2	7	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—
1933	25	Improved	10	7	—	—	3	6	1	—	3	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	2	—	1	—	1	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
		Quiescent	18	12	3	—	3†	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1934	29	Improved	10	5	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* 1 Removed from Register as Non-tuberculous. † 2 Removed from the Register as Non-tuberculous.

MALES—IN WHOM TUBERCLE BACILLI HAVE BEEN FOUND AT SOME TIME BEFORE DISCHARGE.

Year of discharge.	Total discharges.	"Immediate Result" on discharge.		Condition 1 year later.				2 years later.				3 years later.				4 years later.				5 years later.			
				Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.
1929		Quiescent	2	1	—	1	—	—	—	—	1	—	—	—	1	—	—	—	1	—	—	—	1
1930	257	Improved	153	76	64	9	4	63	50	21	10	52	42	11	18	41	26	13	32	26	21	7	45
		No material improvement	102	8	42	52	—	9	26	13	2	4	23	8	2	3	12	8	6	3	6	3	9
		Quiescent	6	5	1	—	—	5	1	—	—	5	—	—	1	4	1	—	1	—	—	—	—
1931	111	Improved	73	28	41	3	1	30	25	11	4	25	13	4	17	21	7	6	21	—	—	—	—
		No material improvement	32	—	11	18	3	1	6	2	5	2	3	2	5	3	—	2	5	—	—	—	—
		Quiescent	7	6	1	—	—	6	—	—	1	5	1	—	1	—	—	—	—	—	—	—	—
1932	136	Improved	86	38	34	7	7	29	30	4	16	19	18	9	29	—	—	—	—	—	—	—	—
		No material improvement	43	—	21	19	3	2	9	8	5	3	4	4	5	—	—	—	—	—	—	—	—
		Quiescent	9	8	—	—	1	7	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
1933	151	Improved	100	40	45	6	9	31	25	10	28	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	42	5	14	17	6	4	5	5	11	—	—	—	—	—	—	—	—	—	—	—	—
		Quiescent	8	6	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1934	149	Improved	101	51	28	7	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	40	2	17	14	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

FEMALES—TUBERCLE BACILLI NEVER FOUND.

Year of discharge.	Total discharges.	"Immediate Result" on discharge.		Condition 1 year later.				2 years later.				3 years later.				4 years later.				5 years later.			
				Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.
1929		Quiescent	28	22	5	—	1*	22	4	—	2*	21	2	—	5*	16	3	—	9*	10	3	—	15*
1930	111	Improved	58	41	16	—	1	46	9	1	2	31	13	1	12	27	10	1	18	32	2	1	20
		No material improvement	25	7	14	2	2	7	10	1	5	6	10	1	5	6	6	—	9	6	6	—	9
		Quiescent	31	17	9	—	5	17	8	—	6	18	5	—	8	15	2	1	13	—	—	—	—
1931	46	Improved	12	6	5	1	—	7	2	—	2	6	—	1	4	6	—	—	4	—	—	—	—
		No material improvement	3	—	3	—	—	—	2	—	1	—	1	—	2	—	1	—	2	—	—	—	—
		Quiescent	23	15	8	—	—	13	7	1	2	12	5	1	4	—	—	—	—	—	—	—	—
1932	37	Improved	11	6	5	—	—	10	1	—	—	9	1	—	1	—	—	—	—	—	—	—	—
		No material improvement	3	3	—	—	—	3	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—
		Quiescent	40	27	9	—	4	25	9	1	5	—	—	—	—	—	—	—	—	—	—	—	—
1933	56	Improved	14	8	5	—	1	8	4	—	2	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	2	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Quiescent	26	17	4	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1934	33	Improved	7	5	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

* 1 Removed from Register as Non-tuberculous.

FEMALES—IN WHOM TUBERCLE BACILLI HAVE BEEN FOUND AT SOME TIME BEFORE DISCHARGE.

Year of discharge	Total discharges.	"Immediate Result" on discharge.		Condition 1 year later.				2 years later.				3 years later.				4 years later.				5 years later.			
				Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.	Working.	Not Working.	Dead.	No Information.
1929		Quiescent	16	11	4	—	1	10	2	—	4	10	1	—	5	9	2	—	5	9	1	1	5
1930	193	Improved	112	64	39	8	1	46	41	11	6	37	31	10	15	32	22	8	21	26	13	9	27
		No material improvement	65	3	26	35	1	1	12	14	3	2	8	3	3	1	8	1	3	3	4	—	5
		Quiescent	21	14	7	—	—	15	5	—	1	14	3	—	4	10	3	—	8	—	—	—	—
1931	106	Improved	58	18	29	7	4	16	17	10	8	16	8	5	12	9	8	—	19	—	—	—	—
		No material improvement	27	2	7	17	1	2	3	3	2	1	4	—	2	2	1	1	3	—	—	—	—
		Quiescent	13	7	4	1	1	6	1	1	4	7	—	—	4	—	—	—	—	—	—	—	—
1932	126	Improved	71	31	33	2	5	25	18	12	14	20	11	7	19	—	—	—	—	—	—	—	—
		No material improvement	42	1	16	21	4	2	8	4	7	2	5	3	7	—	—	—	—	—	—	—	—
		Quiescent	13	11	1	—	1	11	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
1933	117	Improved	63	26	25	2	10	27	10	5	19	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	41	1	18	14	8	2	9	3	13	—	—	—	—	—	—	—	—	—	—	—	—
		Quiescent	17	12	1	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1934	142	Improved	90	34	31	6	19	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		No material improvement	35	1	8	13	13	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

15. Occupation is provided for suitable cases in the garden, carpenter's and engineer's shops, and in looking after the pigs. The specially qualified handicrafts instructresses teach to selected cases various crafts, including leather work, basket work, stool seating, embroidery and book-binding. No difficulty has been found in disposing of the articles produced by them. I consider this work plays a valuable part in the treatment of the patients.

The number of patients receiving such instruction on 31st December, 1935, was :—

Men .. .. 37 Women 56

16. Religious services are held weekly by representatives of various denominations who work cordially together.

17. Farm and Garden.

Kitchen Garden.—The value of produce raised was £844, of which £771 was transferred to the Sanatorium and the remainder sold to other institutions, tradesmen and staff.

Extra land was brought into cultivation during the year.

Pigs.—The herd has been profitably maintained.

HOSPITAL PROVISION IN THE COUNTY.

The population of the County continues to grow at an annual rate of about 40,000 ; and this continued rapid growth, together with the increasing public demand for hospital service, has accentuated the difficulty, already great, of providing accommodation for sick persons. The increasing demand on the maternity units in the hospitals illustrates the altering attitude of the public to the old poor law institutions and hospitals. It has been necessary to extend the accommodation in several maternity wards, and the additional beds have been insufficient, although admissions have been restricted to emergency cases, cases in which there is a likelihood of obstetrical difficulty, and cases where the home conditions are unsatisfactory.

The struggle to meet the demand for hospital accommodation has led to the provision of new accommodation at Reigate, and the decision to erect a new hospital at St. Helier ; in the meantime, every available piece of " House " accommodation is critically examined with the view to its conversion to the use of sick persons. It was thought that the limit of conversion of " House " accommodation had been reached in 1934, but more provision for sick persons of the more chronic types has been found in the Kingston Central Relief Institution and in the Dorking Institution.

The Council has always considered the hospital problem with a view to future " appropriation," and has now decided on a scheme for the transfer of the care of the sick to the Public Health Committee.

While there has been great anxiety regarding the provision of bed accommodation, the Council has constantly had before it the need to improve the staffing, the staff accommodation and the hospital equipment, so that the hospitals may be made capable of dealing with the altering character of the work as well as the increasing volume.

The larger county hospitals are assuming the character of large general hospitals, and undertake an increasing amount of acute medical, surgical and obstetrical work. It has been necessary, therefore, to bring the staffing and equipment into line with general hospitals of comparable size, and considerable progress has been made in these matters. Resident Medical Officers have been appointed at hospitals where none previously existed ; visiting consultant staff has been provided at Kingston, at Guildford, and at Reigate ; new senior resident appointments have been established ; having " appropriation " in view, the policy of appointing whole-time resident medical superintendents at certain hospitals has been accepted ; the nursing staff is constantly being strengthened as the work grows ; better accommodation is being provided for nurses at certain hospitals, the erection of a new nurses' home at Guildford being in progress, while large extensions at Kingston and Epsom are contemplated.

The numbers of hospital beds available in the County on the 31st December, 1935, and on the same date in the previous year are given below :—

Hospitals.	1934	1935
Public Assistance Hospitals	2,147	2,209
Voluntary Hospitals	1,253	1,348
Isolation Hospitals	835*	865*
Mental Hospitals	3,086	3,086
Mental Deficiency Institutions—		
Public Assistance Committee	30	30
Mental Hospitals Committee	455	499
Totals	7,806	8,037

* The available accommodation on the basis of 144 sq. ft. per bed is 683 and 713 beds respectively.

The available accommodation therefore increased by 231 beds during the year. Particulars of the additional beds provided are given under the appropriate sections of the report.

I. Public Assistance Hospitals.

(*a*) Accommodation and Adaptations.

General.

During 1935 the number of beds available in Public Assistance Hospitals was increased from 2,147 to 2,209—the increase being mainly accounted for by the additional beds at Dorking (22 beds) and Kingston (20 beds). The additional accommodation at Kingston will be further extended to 50 beds early in 1936.

Reigate Institution.

The extensions at Reigate proceeded during the year and a few beds in the new tuberculosis block of 52 beds were occupied on the 31st December. It is anticipated that the new ward block (126 beds) and the mental observation block (8 beds) will be available during the early months of 1936, although the full increase will not be effective until next August, when the adaptations to the existing ward block will have been completed. The remaining patients at Blechingley will then be tranferred to Reigate and the whole of the Blechingley Institution will be available for mental deficiency purposes.

New St. Helier Hospital.

At the end of 1934, the County Council was considering the details of a hospital of about 850 beds which it is proposed to erect at St. Helier in the mid-eastern portion of the County. During 1935 much time has been spent on the preparation of sketch plans and working drawings and it is hoped that the specifications for the work will be completed soon so that tenders may be invited at an early date. A summary of the accommodation which it is proposed to provide at St. Helier is as follows :—

1.	General Wards in three six-storey blocks :	
	18 units of 30 beds each	540
2.	Special Wards—three-storey block comprising :	
	(*a*) ground floor—Mental Observation Wards	10
	(*b*) First and Second Floor—2 units of 22 beds each	44
3.	Maternity Wards—block of two and partly of three-storeys, with ante-natal department :	
	1 " suspect " unit of 11 beds	
	1 general unit of 23 beds	
	2 general units of 17 beds each	68
4.	Children's Wards in four-storey block :	
	4 units of 30 beds each	120
5.	Chest Wards in two-storey block :	
	2 units of 28 beds each	56
6.	Isolation Wards in one-storey block	20
7.	Casualty and Emergency Wards	4
	Total beds ..	862

A two-storey block provides accommodation on the ground floor for the out-patients and casualty department and on the first floor for the x-ray and electrical departments.

In addition, provision is made for a central administration block, general kitchen block and stores, mortuary and laboratories and porter's lodge.

Residential accommodation is provided for medical, nursing, domestic and administrative staffs.

All blocks are connected by covered ways or by sub-ways.

Kingston and District Hospital.

The County Council has also had under consideration a joint report by the County Medical Officer and the Chief Public Assistance Officer on the Kingston and District Hospital which contained suggestions for the improvement, alteration and extension of the buildings. The main proposals are as follows :—

1. the erection of a new maternity block,
2. the erection of a new isolation block,
3. the provision of better accommodation for special services, *e.g.*, x-ray, massage and electrical treatment,
4. the provision of a central kitchen and stores,
5. the provision of better accommodation for the administrative and clerical staff,
6. the extension of the nurses' home.

The County Council has engaged an architect to advise on a comprehensive scheme for the improvement and extension of the hospital in accordance with the suggestions outlined in the report.

Warren Road Hospital, Guildford.

The conditions at the Warren Road Hospital, Guildford, have been under review and the County Council is now proceeding with the following proposals for the improvement and alterations at the Hospital :—

1. re-arrangements of and additions to the sanitary annexes and provision of balconies to the hospital wards,
2. provision of better accommodation for operating and x-ray departments,
3. demolition of the existing unsatisfactory isolation block and the erection of a new block of eight beds,
4. extension of nurses' home,
5. adaptation of certain existing buildings for central stores,
6. complete revision of the access to the various parts of the hospital.

Other Institutions.

The following works which were either completed, in process of being carried out or still under consideration at the end of the year.

Dorking.

Alteration to and extension of the existing heating and hot water systems.

Epsom.

Preparation of a scheme for the extension of the nurses' home.

Farnham.

Erection of a porter's lodge and modernisation of the mortuary.

Hambledon.

Preparation of scheme for :—

(*a*) Provision of isolation accommodation.
(*b*) Provision of further accommodation for chronic sick cases.
(*c*) Erection of a nurses' home.

Installation of water-softening apparatus and provision of additional water-storage accommodation.

Kingston.

Provision of heated food conveyers and cold storage.
Replacement of electro-medical apparatus.
Adaptation of premises in Wolverton Avenue to provide additional accommodation for nursing staff.

The number of beds actually available in the Public Assistance Hospitals on the 31st December, 1935, is as follows :—

Hospital.	Men.	Women.	Children.	Totals.
Blechingley	43	41	2	86
Dorking	75	102	3	180
Epsom	133	151	27	311
Farnham	129	115	18	262
Guildford	94	146	26	266
Hambledon	37	37	4	78
Kingston { Hospital ...	137	319	96	552
Kingston { Institution ...	—	71	—	71
Reigate	53	75	13	141
Richmond	119	137	6	262
TOTALS	820	1,194	195	2,209

The distribution of these beds together with the extent of occupation on the 31st December is shown in the following table :—

Classification. *	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
i Medical and Surgical ...	752	681	1026	915	61	60	1839	1646
ii Children	—	—	—	—	129	95	129	95
iii Maternity	—	—	99	69	—	—	99	69
iv Tuberculosis	48	36	35	27	1	1	84	64
v Isolation	7	1	15	7	4	1	26	9
vi Mental (short stay) ...	13	9	13	9	—	—	26	18
vii Mental (long stay) ...	—	—	6	6	—	—	6	6
TOTALS	820	727	1,194	1,033	195	157	2,209	1,907

* A = Available. O = Occupied.

There were 190 more patients receiving treatment on the 31st December, 1935, than on the same date in 1934. The comparable figures are 1,717 in 1934 and 1,907 in 1935.

The following series of tables show in greater detail the distribution and occupation of the beds in each of the classes in the immediately preceding table :—

i. Medical and Surgical.

Hospital. *	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
Blechingley	43	27	37	34	—	—	80	61
Dorking	67	64	95	73	3	3	165	140
Epsom	122	115	119	110	—	1	241	226
Farnham	117	92	97	80	—	—	214	172
Guildford	91	79	131	116	26	29	248	224
Hambledon	37	40	35	34	4	2	76	76
Kingston { Hospital ...	123	117	251	208	14	12	388	337
Kingston { Institution ...	—	—	71	70	—	—	71	70
Reigate	38	38	61	58	8	7	107	103
Richmond	114	109	129	122	6	6	249	237
Totals	752	681	1,026	905	61	60	1,839	1,646

* A = Available. O = Occupied.

ii. Children.

Hospital.	Available.	Occupied.
Blechingley	2	2
Dorking	—	—
Epsom	27	27
Farnham	18	12
Guildford	—	—
Hambledon	—	—
Kingston	*82	54
Reigate	—	—
Richmond	—	—
Totals	129	95

*Includes accommodation for 25 "skin" cases 22 beds of which were occupied on 31st December.

iii. Maternity.

Hospital.	Available.	Occupied.
Blechingley	4	—
Dorking	3	1
Epsom	22	15
Farnham	8	5
Guildford	8	4
Hambledon	2	—
Kingston	40	36
Reigate	6	6
Richmond	6	2
Totals	99	69

iv. Tuberculosis.

Hospital. *	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
Blechingley	—	—	—	—	—	—	—	—
Dorking	7	3	4	3	—	—	11	6
Epsom	7	4	6	5	—	—	13	9
Farnham	12	8	8	4	—	—	20	12
Guildford	—	—	—	—	—	—	—	—
Hambledon	—	—	—	—	—	—	—	—
Kingston	8	8	14	12	—	—	22	20
Reigate	11	10	3	3	1	1	15	14
Richmond	3	3	—	—	—	—	3	3
Totals	48	36	35	27	1	1	84	64

* A = Available. O = Occupied.

v. Isolation.

Hospital. *	Men.		Women.		Children.		Totals.	
	A	O	A	O	A	O	A	O
Blechingley	—	—	—	—	—	—	—	—
Dorking	—	—	—	—	—	—	—	—
Epsom	—	—	—	—	—	—	—	—
Farnham	—	—	2	—	—	—	2	—
Guildford	3	—	*7	5	—	1	10	6
Hambledon	—	—	—	—	—	—	—	—
Kingston	—	—	2	—	—	—	2	—
Reigate	4	1	4	2	4	—	12	3
Richmond	—	—	—	—	—	—	—	—
Totals	7	1	15	7	4	1	26	9

* A = Available. O = Occupied.
*Includes accommodation for 4 cases of puerperal sepsis 3 beds of which were occupied on 31st December.

vi. Mental (Short Stay).

Hospital. *	Men		Women		Children		Totals	
	A	O	A	O	A	O	A	O
Blechingley	—	—	—	—	—	—	—	—
Dorking	1	1	—	—	—	—	1	1
Epsom	4	3	4	3	—	—	8	6
Farnham	—	—	—	—	—	—	—	—
Guildford	—	—	—	—	—	—	—	—
Hambledon	—	—	—	—	—	—	—	—
Kingston	6	5	6	5	—	—	12	10
Reigate	—	—	1	1	—	—	1	1
Richmond	2	—	2	—	—	—	4	—
Totals	13	9	13	9	—	—	26	18

* A = Available. O = Occupied.

vii. Mental (Long Stay).

Classification. *	Men		Women		Children		Totals	
	A.	O.	A.	O.	A.	O.	A.	O.
Mental (Long Stay)— Kingston	—	—	6	6	—	—	6	6
Totals	—	—	6	6	—	—	6	6

*A = Available. O = Occupied.

In addition, 30 beds in the Dorking and Reigate Institutions are approved by the Board of Control for the reception of certified cases of mental deficiency, and their distribution, in sexes, is as shown in the following table :—

Institution	Men	Women	Totals
Dorking	3	12	15
Reigate	6	9	15
TOTALS	9	21	30

At the end of 1935 there were 6 Surrey hospital cases in the Queen's Road Homes, Croydon. It will be remembered that the County Council has entered into an agreement with the Berkshire County Council for the reception of up to 80 hospital patients in the Windsor Institution and there were 58 Surrey patients there on the 31st December, 1935.

(*b*) WORK DONE IN PUBLIC ASSISTANCE HOSPITALS.

General.

The statistics for 1935 show the continued large increase in the work done in Public Assistance Hospitals.

The total number of admissions increased by 960, *i.e.*, from 11,524 in 1934 to 12,484 in 1935.

The average number of beds occupied throughout the year was 1903, an increase of 102.

The amount of major surgical work done in the hospitals is indicated by the fact that 1,817 surgical operations, including 565 abdominal sections, were performed in 1935, as compared with 1,631 operations, including 466 abdominal sections, during the previous year.

Detailed figures of the work done are given in the following table :—

	Blechingley	Dorking	Epsom	Farnham	Guildford	Hambledon	Kingston		Reigate	Richmond	Totals
							Hospital	Institution			
1. Total No. of admissions	173	417	2,549	953	1,204	201	5,155	86	831	1,005	12,484
2. Total No. of discharges	135	265	2,151	810	979	159	4,532	51	690	731	10,503
3. Total No. of deaths	53	91	292	141	209	35	605	12	105	248	1,791
4. Average duration of stay of patients included in 2 and 3 above—											
(*a*) Under four weeks	107	224	1,655	650	671	109	4,101	41	526	668	8,752
(*b*) Four weeks and under thirteen weeks	49	85	592	180	344	49	737	13	225	200	2,474
(*c*) Thirteen weeks or more ...	32	47	196	121	173	36	299	9	44	111	1,068
5. No. of beds occupied—											
(*a*) Average during the year ...	72	145	293	195	233	72	492	53	114	234	1,903
(*b*) Highest and date ...	83	155	317	245	252	86	539	71	131	258	—
	22-2-35	9-7-35	25-6-35	20-2-35	1-6-35	15-5-35	23-3-35	7-12-35	31-12-35	22-5-35	—
(*c*) Lowest and date ...	63	134	278	181	211	61	440	48	91	211	—
	21-9-35	5-5-35	12-11-35	12-9-35	4-1-35	30-9-35	12-8-35	30-3-35	1-1-35	30-9-35	—
6. No. of surgical operations under general anæsthetic (excluding dental operations)	2	—	284	102	102	—	1,095		181	51	1,817
7. No. of abdominal sections ...	—	—	62	25	46	—	396	—	21	15	565

While the percentage of patients who left the hospitals under 4 weeks from the date of their admission remained the same as the previous year, viz. 71.2 per cent., the percentage of patients who stayed for 13 weeks or more decreased from 11.8 per cent. to 8.7 per cent.

Maternity.

The volume of maternity work undertaken at the various hospitals continues to expand.

There was an increase of 203 maternity cases admitted as compared with the previous year, *i.e.*, from 1,393 to 1,596—an increase of nearly 15 per cent.

Details of the work done are given below:—

	Blechingley	Dorking	Epsom	Farnham	Guildford	Hambledon	Kingston	Reigate	Richmond	Totals
1. No. of Maternity Beds	4	3	22	8	8	2	40	6	6	99
2. No. of Maternity cases admitted	29	13	401	92	128	16	717	119	81	1,596
3. Average duration of stay (days) ...	14	17	14	13	14	14	16	18	14	15
4. No. of live births	24	13	390	89	121	15	687	113	78	1,503
5. No. of cases delivered by—										
(A) Midwives	27	—	376	87	85	12	652	113	74	1,426
(B) Doctors	2	13	25	5	43	4	65	6	7	170
6. Number of cases in which medical assistance was sought by a Midwife in emergency	2	—	30	21	7	—	207	35	7	309
7. No. of cases notified as—										
(A) Puerperal fever	—	—	—	2	—	—	—	—	3	5
(B) Puerperal pyrexia	1	—	3	3	1	1	8	1	6	24
8. Number of cases of pemphigus neonatorum	—	—	—	—	—	—	—	—	—	—
9. No. of cases of ophthalmia neonatorum	—	—	1	—	—	—	—	—	2	3
10. No. of infants not entirely breast-fed while in the hospital	—	—	31	17	19	1	71	8	2	149
11. No. of Maternal deaths	1	—	1	2	2	1	7	—	1	15
12. No. of fœtal deaths—										
(A) Stillborn	6	—	18	6	7	1	30	6	3	77
(B) Within 10 days of birth ...	1	—	10	2	8	—	21	5	7	54
13. No. of deaths among the newly born (Under four weeks)	1	1	13	2	10	—	24	5	7	63

Tuberculosis.

There were 313 admissions during the year as compared with 277 in 1934, and the number of patients remaining in hospitals on the 31st December, 1935, was 75 as compared with 69. The patients are as far as possible sent to those hospitals where accommodation is set aside for this particular purpose and where they are under the supervision of the tuberculosis officers of the Council.

A number of cases, however, still have to be admitted to chronic medical wards, but it is hoped that this necessity will disappear when the new tuberculosis provision is available. Accommodation is being provided in the new special block for 52 patients at Reigate and the plans of the new St. Helier Hospital include a block for 56 patients.

Complete co-operation exists between the Public Assistance Committee and the Public Health Committee in relation to the provision and utilisation of accommodation for persons suffering from tuberculosis.

Particulars of the cases dealt with at Public Assistance Hospitals during the year are given below :—

Classification.		In Hospitals on Jan. 1st.	Admitted during the year	Discharged during the year.	Died in the Hospitals.	In Hospitals on Dec. 31st.
Number of patients suffering from pulmonary tuberculosis admitted for treatment	Adult Males ...	38	152	80	71	39
	Adult Females	24	120	84	33	27
	Children ...	2	6	4	1	3
	TOTALS ...	64	278	168	105	69
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment	Adult Males ...	2	15	6	9	2
	Adult Females	2	12	9	2	3
	Children ...	1	8	2	6	1
	TOTALS ...	5	35	17	17	6
GRAND TOTALS		69	313	185	122	75

Out-Patient Treatment.

The only organised out-patient department attached to a Public Assistance Hospital is at the Kingston and District Hospital, where the following facilities are available :—

1. emergency treatment—sudden illness or accident ;
2. continuation treatment—dressings, massage, electrical treatment, etc. ;
3. mental treatment clinic—established under the Mental Treatment Act, 1930 ;
4. ante-natal clinic ;
5. ophthalmic clinic.

The work undertaken in this out-patient department has developed considerably. The number of patients seen increased by 247 and the attendances made from 16,673 to 17,083.

The work of the ante-natal clinic continues to increase at a very rapid rate. The number of women seen rose from 644 in 1934 to 854 and the number of attendances made from 3,452 to 4,623, or an increase of nearly 34 per cent.

A summary of the work done in the Kingston Hospital Out-Patient Department during the year as compared with 1934 is given below :—

	1934.	1935.
Number of persons seen	3,460	3,707
Number subsequently admitted as in-patients	418	360
Number who had received in-patient treatment	460	372
Total number of attendances	16,673	17,083
Ante-natal clinic :—		
Number of women seen	644	854
Total number of attendances	3,452	4,623

Diseases of In-Patients who Died or who were Discharged.

Tables giving the classification of the diseases of patients who died or were discharged from Public Assistance Hospitals during the year appear on pages 54A and 54B.

PUBLIC ASSISTANCE HOSPITALS.

DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1935.

	DISEASE GROUP.	BLECHINGLEY.				DORKING.				EPSOM.				FARNHAM.				GUILDFORD.				Disease Group.
		Children.		Men and Women.		Children.		Men and Women.		Children.		Men and Women.		Children.		Men and Women		Children.		Men and Women.		
		Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	
A	Acute infectious disease	3	—	12	4	9	—	6	—	20	—	30	1	4	—	6	1	16	—	29	1	A
B	Influenza	—	—	—	2	—	—	2	2	—	—	46	1	—	—	7	—	—	—	18	—	B
C	Tuberculosis :—																					
	(i.) Pulmonary	—	—	—	—	—	—	22	19	2	—	37	19	—	—	11	13	1	—	10	6	C (i.)
	(ii.) Non-Pulmonary...	—	—	—	—	—	—	1	—	2	2	9	5	—	1	1	—	—	—	—	—	(ii.)
D	Malignant disease	—	—	5	9	—	—	2	5	—	—	14	42	—	—	4	17	—	—	12	46	D
E	Rheumatism :—																					
	(i.) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	—	—	—	—	3	—	—	1	8	—	5	—	6	—	4	—	7	—	E (i.)
	(ii.) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	4	—	—	—	12	—	—	—	32	—	—	—	12	—	—	—	23	—	(ii.)
	(iii.) Chronic arthritis	—	—	1	2	—	—	—	—	—	—	10	3	—	—	2	—	—	—	42	—	(iii.)
F	Venereal disease	—	—	—	—	—	—	—	—	—	—	4	1	—	—	1	1	—	—	1	—	F
G	Puerperal pyrexia	—	—	1	—	—	—	—	—	—	—	3	—	—	—	3	—	—	—	1	—	G
H	Puerperal fever :—																					
	(i.) Women confined in the hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	H (i.)
	(ii.) Admitted from outside	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	(ii.)
I	Other diseases and accidents connected with pregnancy and child-birth	—	—	—	1	—	1	—	—	—	17	78	4	—	—	47	4	—	—	29	2	I
J	Mental diseases :—																					
	(i.) Senile dementia	—	—	4	1	—	—	—	4	—	—	46	23	—	—	2	—	—	—	21	—	J (i.)
	(ii.) Other	—	—	9	—	—	—	30	—	—	1	120	1	—	—	24	—	6	—	26	—	(ii.)
K	Senile decay...	—	—	14	18	—	—	—	39	—	—	30	9	—	—	23	1	—	—	30	41	K
L	Accidental injury and violence	—	—	3	1	—	—	5	—	14	1	66	9	3	—	46	12	—	1	36	20	L
	In respect of cases not included above.																					
M	Diseases of the nervous system and sense organs ...	—	—	3	3	1	—	20	1	10	—	90	1	1	3	56	19	13	2	—	6	M
N	,, ,, respiratory system	—	—	2	—	2	1	32	5	64	2	154	40	16	2	88	12	23	3	80	30	N
O	,, ,, circulatory system	—	1	13	10	—	—	11	6	—	1	68	67	2	—	48	33	24	11	89	21	O
P	,, ,, digestive system	1	—	5	1	—	—	19	2	38	4	76	5	8	1	62	5	11	—	52	4	P
Q	,, ,, genito-urinary system	—	—	—	—	—	—	14	2	12	2	51	20	2	—	38	12	2	—	23	11	Q
R	,, ,, skin	—	—	4	—	10	—	6	—	60	—	86	1	12	1	61	—	20	—	14	—	R
S	Other diseases	—	—	—	—	16	—	16	4	42	1	53	8	—	2	13	—	11	4	57	—	S
T	Mothers and infants discharged from maternity wards and not included in above figures :—																					
	(i.) Mothers	—	—	27	—	—	—	13	—	—	—	400	—	—	—	87	—	—	—	126	—	T (i.)
	(ii.) Infants	24	—	—	—	13	—	—	—	376	—	—	—	85	—	—	—	119	—	—	—	(ii.)
U	Any persons not falling under any of the above headings	—	—	—	—	—	—	—	—	—	—	—	—	23	—	—	—	—	—	—	—	U
	TOTALS	28	1	107	52	51	2	214	89	640	32	1511	260	161	10	649	131	250	21	729	188	

| | Diseases. | Occurrences by Quarters | | |

PUBLIC ASSISTANCE HOSPITALS.

DISEASES OF IN-PATIENTS WHO DIED OR WHO WERE DISCHARGED DURING THE YEAR 1935.

DISEASE GROUP.	HAMBLEDON.				KINGSTON HOSPITAL.				KINGSTON INSTITUTION		REIGATE.				RICHMOND.				TOTALS.				Disease Group.
	Children.		Men and Women.		Children.		Men and Women.		Men and Women.		Children.		Men and Women.		Children.		Men and Women.		Children.		Men and Women.		
	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	Dis-charged.	Died.	
A Acute infectious disease	7	—	3	1	11	1	4	—	—	—	28	—	13	1	4	—	17	4	102	1	120	13	A
B Influenza	—	—	6	—	1	—	10	—	—	—	—	—	4	1	1	—	10	1	2	—	103	7	B
C Tuberculosis :—																							
(i.) Pulmonary	—	—	1	3	1	—	58	25	—	—	—	1	18	13	—	—	7	4	4	1	164	102	C (i.)
(ii.) Non-Pulmonary...	—	—	—	—	—	3	—	3	—	—	—	—	4	1	—	—	—	2	2	6	15	11	(ii.)
D Malignant disease	—	—	2	2	2	—	28	71	—	1	—	—	10	15	—	—	15	42	2	—	92	250	D
E Rheumatism :—																							
(i.) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	—	—	2	—	6	—	14	—	—	—	—	—	1	—	3	—	11	1	18	1	52	1	E (i.)
(ii.) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	1	—	5	—	15	1	—	—	—	—	1	—	—	—	3	—	5	—	103	1	(ii.)
(iii.) Chronic arthritis	—	—	—	—	—	—	38	2	1	—	—	—	2	—	—	—	18	3	—	—	114	10	(iii.)
F Venereal disease	—	—	—	—	2	—	10	2	—	—	—	—	2	—	1	—	4	1	3	—	22	5	F
G Puerperal pyrexia	—	—	1	—	—	—	8	—	—	—	—	—	2	—	—	—	6	—	—	—	25	—	G
H Puerperal fever :—																							
(i.) Women confined in the hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	4	1	H (i.)
(ii.) Admitted from outside...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	—	—	4	3	(ii.)
I Other diseases and accidents connected with pregnancy and child-birth	—	—	—	—	33	26	427	7	—	—	6	5	40	1	—	2	32	1	39	51	653	20	I
J Mental diseases :—																							
(i.) Senile dementia	—	—	—	—	—	—	87	2	1	—	—	—	7	6	—	—	11	6	—	—	179	42	J (i.)
(ii.) Other	—	—	7	—	11	1	259	1	1	—	2	—	60	—	—	—	62	—	19	2	598	2	(ii.)
K Senile decay...	—	—	7	2	—	—	50	71	14	3	—	—	24	15	—	—	27	41	—	—	219	240	K
L Accidental injury and violence	—	—	6	2	78	3	325	52	7	—	2	—	16	1	3	—	24	7	100	5	534	104	L
In respect of cases not included above.																							
M Disease of the nervous system and sense organs ...	1	—	10	2	85	1	71	14	—	—	3	1	19	5	1	1	51	26	115	8	320	77	M
N ,, ,, respiratory system	1	—	9	2	110	16	201	73	15	4	9	1	15	1	12	—	39	15	237	25	635	182	N
O ,, ,, circulatory system	—	—	4	17	25	2	187	155	9	4	—	—	20	17	—	—	53	53	51	15	502	383	O
P ,, ,, digestive system	1	—	5	1	145	5	408	46	1	—	15	—	24	6	7	—	21	4	226	10	673	74	P
Q ,, ,, genito-urinary system	—	—	2	1	27	—	200	17	—	—	—	—	21	7	—	—	22	13	43	2	371	83	Q
R ,, ,, skin	—	—	11	—	63	—	87	5	2	—	11	—	15	—	14	—	25	1	190	1	311	7	R
S Other diseases	11	—	16	2	82	—	104	—	—	—	28	—	40	6	17	10	41	8	207	17	340	28	S
T Mothers and infants discharged from maternity wards and not included in above figures :—																							
(i.) Mothers	—	—	15	—	—	—	621	—	—	—	—	—	116	—	—	—	67	—	—	—	1,472	—	T (i.)
(ii.) Infants	15	—	—	—	633	—	—	—	—	—	110	—	—	—	89	—	—	—	1,464	—	—	—	(ii.)
U Any persons not falling under any of the above headings	15	—	—	—	—	—	—	—	—	—	—	—	2	—	3	—	6	—	41	—	8	—	U
TOTALS	51	—	108	35	1,320	58	3,212	547	51	12	214	8	476	97	155	13	576	235	2,870	145	7,633	1,646	

| | | |

(*c*) Medical and Nursing Staffs of Public Assistance Hospitals.

The numbers and designations of the medical and nursing staffs of the Public Assistance Hospitals at the end of 1935 were as follows :—

Designation.	Blechingley.	Dorking	Epsom.	Farnham.	Guildford.	Hambledon.	Kingston Inst.	Kingston. & D.H.	Reigate.	Richmond.
Medical Superintendent	—	—	—	—	—	—	Medical Staff of Kingston and D.H. available.	1	—	—
Medical Officer (Non-Resident)	—	—	—	—	1	—		—	—	—
Medical Officer (part-time)	1	1	1	1	—	1		—	1	1
Assistant Medical Officer (part-time) ...	1	—	1	2	—	—		—	—	1
Assistant Medical Officer (Resident) ...	—	—	1	—	1	—		5	1	—
Visiting Aural Surgeon	—	—	—	—	—	—		1	—	—
Visiting Obstetrician	—	—	—	—	1	—		1	1	—
Visiting Ophthalmic Surgeon	—	—	—	—	—	—		1	—	—
Visiting Orthopaedic Surgeon	—	—	—	—	—	—		1	—	—
Visiting Physician	—	—	—	—	—	—		1	—	—
Visiting Physician at Mental Treatment Clinic (part-time)	—	—	—	—	—	—		1	—	—
Visiting Radiologist	—	—	—	1	1	—		1	—	—
Visiting Surgeon	—	—	—	1 (Hon.)	1	—		1	—	1
Visiting Tuberculosis Officer	—	—	1	1	—	—		1	1	1
Matron	—	1	1	1	1	—	—	1	1	—
Assistant Matron	—	—	1	—	1	—	—	2	1	—
Superintendent Nurse	1	—	—	—	—	—	—	—	—	1
Assistant Superintendent Nurse	—	—	—	1	—	—	—	—	—	—
Head Nurse or Sister-in-Charge	—	2	—	—	—	1	—	—	—	—
Sister Tutor	—	—	1	1		—	—	1	—	—
Home Sister	—	—	1	—	—	—	—	1	—	—
Sister Housekeeper	—	—	—	—	—	—	—	1	—	—
Night Superintendent	—	—	—	—	—	—	—	1	—	—
Night Sister	—	1	2	1	1	—	—	2	—	1
Departmental Sister...	—	—	1	—	—	—	—	4	—	—
Ward Sister	—	1	7	5	5	4	—	9	4	5
Staff Nurse (General)	2	1	14	3	6	—	—	24	—	1
Do. (Maternity)	—	—	2	2	3	—	—	4	—	2
Do. (Mental)	—	—	3	—	—	—	—	6	—	—
Senior Assistant Nurse	—	1	—	—	—	—	2	—	6	—
Assistant Nurse	6	6	5	6	—	8	14	—	10	26
Assistant Nurse (Mental)	—	—	—	—	—	—	—	7	—	—
Pupil Midwife	—	—	—	—	—	—	—	12	—	—
Housekeeping Pupil	—	—	—	—	—	—	—	2	—	—
Probationer	—	—	38	19	36	—	—	75	—	—
Male Nurse (Uncertificated)	1	2	—	—	—	—	—	—	6	6
Do. (Mental)	—	—	1	—	—	—	—	4	—	—
Male Attendant	3	4	—	—	3	—	—	—	—	6
Female Attendant	—	5	—	—	—	—	—	—	—	1
Masseuse (part-time)	—	—	—	1	—	—	—	2	—	1
Radiographer (part-time)	—	—	—	—	—	—	—	2	—	—
Dispenser	—	—	1	—	1	—	—	2	—	—

During 1935, the appointment of a resident assistant medical officer was made at the Reigate Institution and an additional resident assistant medical officer was appointed at the Kingston and District Hospital. The visiting medical staff at the Kingston and District Hospital was also augmented by the appointment of four additional consultants who visit the hospital regularly.

The nursing staffs at Dorking, Epsom and Kingston were increased during the year.

(*d*) Home Nursing.

A scheme for the Home Nursing of Public Assistance Cases was formulated during 1933 and came into operation on 1st November of that year. Briefly the scheme applies to the following classes of patients :—

1. destitute cases recommended for home nursing by the District Medical Officer ;
2. patients recommended for hospital treatment (by the District Medical Officer or private practitioner) who are, in the opinion of the doctor in attendance, suitable for treatment at home if the home conditions are satisfactory and adequate medicine, treatment and supervision, together with skilled nursing, are made available in the home ;
3. patients in Public Assistance Hospitals who are, in the opinion of the Medical Officer, suitable for treatment at home if the home conditions are satisfactory, and adequate medicine, treatment and supervision, together with skilled nursing, are made available in the home.

During 1935 the scheme included 100 nursing associations affiliated to the Surrey County Nursing Association and 17 non-affiliated Associations. Grants were made to the Associations on the basis of one shilling for each approved visit under the scheme with a minimum payment of one guinea for each nurse employed by the Association.

Under the scheme 11,904 visits were made during the year ended 31st December, 1935, by the 117 associations, as compared with 8,372 visits during the previous year. The number of visits

was considerably in excess of the preceding year and it is anticipated that this scheme will become progressively more useful.

II. Voluntary Hospitals.

There was an increase during the year of 95 beds in the voluntary hospital accommodation in the County, the total accommodation available in voluntary hospitals at the end of 1935 being 1,348 as compared with 1,253 at the end of the previous year. The extensions or new accommodation have been provided at Carshalton, Farnham, Frimley, Mitcham and Richmond. In addition, the Molesey Cottage Hospital Committee has purchased the old Isolation Hospital which, after adaptation will provide 24 beds, and will be available early in 1936, while the Surbiton Hospital Committee is building a new hospital of 62 beds which will be opened later in the year. Extensions are also being made at the Royal Surrey County Hospital, Guildford and the Haslemere Hospital.

The Surrey Voluntary Hospitals Consultative Committee met during the year to consider the temporary conversion of a part of the Kingston Central Relief Institution to provide an additional 50 beds for the reception of chronic sick cases, and the suggested improvements and alterations at the Warren Road Hospital, Guildford, and at Kingston and District Hospital. The Committee was informed of the progress made during the year with regard to the preparation of plans for the St. Helier Hospital.

III. Infectious Diseases Hospitals.

Reference to the accommodation available in Infectious Diseases Hospitals in the County is made in the section of infectious diseases on page 58.

IV. Mental Hospitals and Mental Deficiency Institutions.

There was no extension of the accommodation in the Council's Mental Hospitals during 1934. The distribution of beds is as follows :—

Hospital	No. of Beds.		
	Male.	Female.	Totals.
Brookwood	663	943	1,606
Netherne	590	890	1,480
TOTALS	1,253	1,833	3,086

The number of beds for female patients has become inadequate and the position is serious and engaging the anxious attention of the Mental Hospitals Committee.

The accommodation for certified cases of mental deficiency increased by 44 beds, the additional accommodation being provided at Botleys Park. The accommodation available at the end of the year is given below :—

Hospital.	No. of Beds.		
	Males.	Females and Children.	Totals.
Clerk's Croft, Blechingley	102	—	102
Botleys Park, Chertsey	97	300	397
TOTALS	199	300	499

Work on the new Colony at Botleys Park began in the autumn and is in active progress. The Colony will ultimately house 1,500 inmates ; of these 1,200 will be accommodated in the first section of the Colony which is now in course of erection. According to the terms of the contract the first section of 1,200 beds is due for completion in the autumn of 1937.

AMBULANCE SERVICES.

Particulars are given below of the ambulance services operating in the County at the end of the year.

(i) Ambulances provided by Local Sanitary Authorities available for Accident Cases and Cases of a Non-Infectious Character.

Name of Authority.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Barnes M.B.	1	Barnes Borough Council Depot, High Street, Mortlake	Prospect 2201.
Beddington & Wallington U.D. / Carshalton U.D.	2	The Grove, Carshalton	Wallington 1620.
Coulsdon & Purley U.D. ...	2	Fire S ation, Purley	Purley 2222.
Egham U.D.	1	The Green Service Station, The Causeway, Egham	Staines 303.
Epsom & Ewell U.D. ...	2	Fire Station, Church Street, Epsom	Epsom 600.
Esher U.D.	2	Fire Station, Esher	Esher 100.
Haslemere U.D.	1	Fire Station, Haslemere	Haslemere 291.
Kingston-upon-Thames M.B. ...	1	Kingston Guildhall (temporarily)	Kingston 0794.
Mitcham M.B.	1	Fire Station, Mitcham	Mitcham 2222.
Merton & Morden U.D. ...	1	Fire Station, Kingston Road, Merton	Liberty 2222.
Reigate M.B.	1	Fire Station, Redhill	Redhill 100.
Richmond M.B.	1	Fire Station, Kew Road, Richmond	Richmond 2222.
Surbiton U.D.	1	Fire Station, Surbiton	Elmbridge 6441.
Sutton & Cheam M.B. ...	1	Fire Station, Throwley Road, Sutton	Sutton 82.
The Maldens & Coombe U.D.	1	Fire Station, New Malden	Malden 2222.
Walton and Weybridge U.D.	1	Council Offices, Walton-on-Thames	Walton 873.
Wimbledon M.B.	1	Fire Station, Wimbledon	Wimbledon 0100.

(ii) Ambulances available for Cases of Infectious Diseases.

Name of Authority.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Barnes M.B.	2	Barnes Isolation Hospital, Mortlake, S.W.14 ...	Prospect 5467.
Dorking U.D.	1	Dorking Isolation Hospital, Westcott	Westcott 19.
Egham U.D.	1	Egham Isolation Hospital, Englefield Green ...	Egham 136.
Farnham U.D.	1	Farnham Isolation Hospital, Farnham	Farnham 15.
Kingston-upon-Thames M.B. ...	1	Disinfecting Station, Villiers Road, Kingston...	—
Wimbledon M.B.	2	Wimbledon Isolation Hospital, Wimbledon ...	Wimbledon 1324.
Godstone R.D.	2	Godstone Isolation Hospital, Blechingley ...	Blechingley 15.
Cuddington Isolation Hospital Board	2	Cuddington Isolation Hospital, Banstead ...	Sutton 48.
Ottershaw Isolation Hospital Board	1	Ottershaw Isolation Hospital, Chertsey ...	Ottershaw 30.
Reigate Joint Hospital Board	1	Reigate, Isolation Hospital, Redhill	Redhill 115.
South Middlesex & Richmond Joint Hospital Board	3	Mogden Isolation Hospital, Isleworth, and Fire Station, Queen's Road, Twickenham	Popesgrove 1669. Popesgrove 2222.
Tolworth Isolation Hospital Board	1	Tolworth Isolation Hospital, Red Lion Road, Surbiton	Elmbridge 1969.
Wandle Valley Joint Hospital Board	2	Wandle Valley Isolation Hospital, Beddington Corner, Carshalton	Mitcham 0824.
Woodbridge Joint Hospital Board	2	Woodbridge Isolation Hospital, Guildford - ...	Guildford 61.

(iii) Ambulances provided by Voluntary Associations available for Cases of a Non-Infectious Character.

Name of Association.	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
St. John Ambulance Brigade.			
Caterham	1	Timber's Hill Road, Caterham	Caterham 144.
Bagshot	1	Grove's Garage, Jenkin Hill, Bagshot	Bagshot 72.
Chertsey	1	72, Station Road, Chertsey	Chertsey 3268.
Dorking and Horley (Eastern)	2	Auto Services, Massetts Grove, Horley... ...	Horley 76.
Cobham	1	Cobham Motor Works, Cobham	Cobham 13.
Farnham	1	42, Downing Street, Farnham	Farnham 237 and 371.
Guildford	3	Woodbridge Road, Guildford	Guildford 633.
Reigate	2	109a, Nutley Lane, Reigate	Reigate 579.
Cranleigh	1	High Street, Cranleigh	Cranleigh 23.
British Red Cross Society.			
*Leatherhead	1	Karn Bros. Garage, Kingston Road, Leatherhead	Leatherhead 131.
Frimley	1	9, High Street, Camberley	Camberley 34.
Godalming	1	14, Church Street, Godalming	Godalming 609.
Cheam...	1	Malden Road, Worcester Park	Malden 1737.
Wimbledon	1	29, High Street, Wimbledon Common	Wimbledon 4567.
Woking	1	Boundary Road, Woking	Woking 1276.
Other Voluntary Associations.			
Weybridge Hospital... ...	1	Weybridge Hospital, Church Street, Weybridge	Weybridge 209.
Dorking & District Ambulance Committee	1	May's Garage, Dorking	Dorking 2239.
Home Service Committee ...	1	Fire Station, Oxted	Oxted 520

* Owned by Leatherhead Urban District Council, but staffed by British Red Cross Society.

(iv) Ambulances provided by Private Contractors available for Cases of a Non-Infectious Character.

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Egham	1	T. Crimble, Kingston Road, Staines	Staines 1143.
Sutton	1	Wm. Leeding & Sons, Ltd., High Street, Sutton	Sutton 2516.

(v) Ambulances provided by the Surrey County Council.

	No. of Ambulances.	Address of Ambulance Station.	Telephone No.
Public Assistance Committee...	3	Kingston and District Hospital, Kingston-on-Thames	Kingston 4966.
	1	Sharrard House, Woking	Woking 1695.
Public Health Committee ...	1	County Sanatorium, Milford, Godalming ...	Godalming 870.

PUBLIC ASSISTANCE MEDICAL OUT-RELIEF.

It will be remembered that the scheme for the reorganisation of medical out-relief districts came into operation on the 1st October, 1934. The only alteration which has taken place during the year under review is the replacement of District Medical Officers who have retired on superannuation.

Particulars of the work carried out by the District Medical Officers during 1935 are given below :—

Districts.	Average number of home visits per week.	Average number of visits made to surgery per week.	Totals.
North-Eastern	93	71	164
Mid-Eastern	80	81	161
South-Eastern	72	44	116
North-Western	51	26	77
South-Western	93	34	127
Totals	389	256	645

INFECTIOUS DISEASES.

1. Hospital Provision.

The total available accommodation for the reception of cases of infectious diseases at the end of the year was 865 beds, which is an increase of 32 beds over the previous year, the extension of accommodation being made at the Tolworth Isolation Hospital. Although there were 865 beds actually available on the 31st December, this figure would be reduced to 713 if the basis of 144 sq. ft. per bed is taken. Extensions of 34 beds and 44 beds are proceeding at the Ottershaw and Cuddington Isolation Hospitals respectively,whilst an extension of 60 beds at the Wandle Valley Isolation Hospital is contemplated. Section 63 of the Local Government Act, 1929, imposed on the County Council the duty of formulating a scheme for the provision of adequate hospital accommodation in the County for infectious diseases other than tuberculosis. The draft scheme prepared by the County Council has been accepted by the various authorities except in the South Eastern area of the County.

It is hoped that the scheme will be submitted to the Minister of Health early in 1936. In accordance with the proposals of the draft scheme steps have been taken by various authorities to vary

the constitution of certain hospital boards, and during the year the Minister of Health issued orders confirming these variations, which were as follows :—

Cuddington Joint Hospital Board (as from the 1st October, 1935) to include Epsom and Ewell Urban District.

Ottershaw Joint Hospital Board (as from the 1st October, 1935) to include the Urban Districts of Egham and Woking.

2. Incidence of Infectious Diseases.

An indication of the occurrence of infectious diseases notified in the Administrative County during 1935 is shown in the following table, which gives the number of cases notified and the attack rate for each disease :—

Diseases.	1935	
	Number of cases notified.	Attack-rate per 1,000 population.
Smallpox	—	—
Cholera	—	—
Diphtheria	817	0.75
Erysipelas	315	0.29
Scarlet fever	2,720	2.50
Typhus fever	—	—
Enteric fever	56	0.05
Continued fever	2	0.002
*Puerperal fever	46	3.14
*Puerperal pyrexia...	115	7.85
Plague	—	—
Tuberculosis—Pulmonary	719	0.66
,, Non-pulmonary	186	0.17
Cerebro-Spinal fever	9	0.008
Acute Poliomyelitis	24	0.02
*Ophthalmia neonatorum	35	2.39
Acute Polio-Encephalitis	—	—
Encephalitis Lethargica	3	0.003
Malaria	10	0.009
Dysentery	152	0.14
Pneumonia	536	0.49

*Rate per 1000 births.

3. Smallpox.

The draft scheme of the County Council under Section 63 of the Local-Government Act, 1929, recommended the concentration of cases of smallpox at the Clandon Hospital, and the constituent members of the various Hospital Committees and Boards have accepted this arrangement. The smallpox hospital at Clandon, previously administered by the Surrey Smallpox Committee, was transferred to the County Council under the Surrey County Council Act, 1931, as from 1st July, 1935. The Clandon Hospital, with 37 beds actual or 28 on the Ministry of Health basis, will serve the whole of the Administrative County and will receive cases from the County Borough of Croydon by agreement. During the year there were no cases of smallpox in the County.

DYSENTERY IN SURREY.

Report by Dr. J. Fanning,

Assistant County Medical Officer.

The present enquiry arose as a result of an unusual number of cases of gastro-intestinal disorder coming to notice in certain parts of the County towards the end of 1935, a proportion of which were proved by bacteriological investigation to be cases of bacillary dysentery. Appendix A shows the notifications of dysentery received by each Sanitary District during the year 1935. It will be seen that there was a marked increase in several districts in the number of cases definitely notified as dysentery in November and December. As this report shows, however, notification was very incomplete. Reference has been repeatedly made in the literature during recent years, and especially in the Annual Reports of the Chief Medical Officer to the Ministry of Health, to the probability that bacillary dysentery may exist in this country to an extent which is not generally realized.

Historical.

Dysentery has for long been established in this country under various names. It was prominent as a cause of death until the middle of the nineteenth century when, probably owing to improvements in personal and general sanitation, its presence became much less evident. In 1898 dysentery bacilli were isolated by Shiga, and in 1900 by Flexner and Kruse. In this country, however, the organism was not isolated until 1909 when a Flexner group bacillus was obtained by Marshall from a fatal case. With the Great War the problem of chronic carriers returning from the East arose, and all forms of dysentery were made notifiable in August, 1919. In 1914 Sonne described an organism which he obtained from cases of dysentery occurring in Denmark. This organism had, however, probably been isolated previously by others, but has since played a prominent part in outbreaks of dysentery; Nabarro[1] isolated it from cases of summer diarrhœa in children in 1921 under the name of bacillus coli aerogenes; Bamforth[2] described it in 1923; Smith[3] found it in Aberdeen in 1924, and since then, there have been numerous references to it in the literature. Cases of Sonne infection have been recorded in numerous other countries, *e.g.*, Brazil, Germany, Egypt, France, America, Japan, Australia. A "Newcastle" type of dysentery bacillus was also described by Clayton and Warren[4] in 1929.

Recent Work.

A good deal of light has been thrown, in recent years, on the true incidence of dysentery by the work of Dr. Nabarro[5] at the Hospital for Sick Children, Great Ormond Street. He has made systematic bacteriological examinations of the stools of children suffering from acute attacks of diarrhœa and has succeeded in isolating dysentery bacilli of the Flexner or Sonne type from a considerable proportion of cases. He came to the conclusion that the number of established cases was far greater than would be expected from current opinion as to the prevalence of the disease in this country.

The work of Smith, Kinloch and Fraser [6 7] in Aberdeen, Wiseman[8] in Glasgow and Charles and Warren[9] in Newcastle goes to show that dysentery is endemic in those areas.

The Aberdeen workers point out an increasing body of medical opinion which assigns the diarrhœas to specific dysenteric infections and draw attention to the endemic character of the disease. During the period 1919-28 they collected 322 cases of dysentery in Aberdeen, the majority of which were of the Sonne type, and they realise that hundreds of unrecognised cases must have been occurring constantly amongst the general population. In the numerous small outbreaks described there appears to have been a uniform failure to discover the source of infection.

Special attention has been directed to dysentery in Newcastle since 1928 and Charles has stated that the sporadic elements have become so frequent as to attain the dimensions of an endemic. Six different strains have been found to be prevalent, outbreaks of the Sonne type being associated particularly with the autumn months. Here again the possibility of infected food as a cause was investigated with negative results. Special attention was directed to water, milk, milk products, ice cream, prepared meats, shellfish, watercress, school attendance and sanitary conditions, without result. There was also no evidence that flies or rodents carried infection. Overcrowding was of importance inasmuch as it gave more frequent opportunity for contact with infected individuals.

Notifications of Dysentery in Surrey.

The following are the actual notifications of dysentery in Surrey compared with those for England and Wales since the disease became notifiable in August, 1919.

Year.	Administrative County of Surrey.	England & Wales.
1919	88	1,638
1920	92	1,169
1921	119	1,223
1922	65	789
1923	30	484
1924	51	388
1925	37	345
1926	12	530
1927	5	440
1928	6	683
1929	9	573
1930	12	538
1931	63	809
1932	41	924
1933	16	783
1934	23	763
1935	152	1,137

A considerable number of cases (approaching 50 per cent.) throughout the country are notified from mental hospitals, and in Surrey it would appear that, owing to the large number of mental hospitals in the county, the proportion is even higher. During 1935, however, notifications from mental hospitals were lower in proportion.

DISTRIBUTION OF DYSENTERY NOTIFICATIONS, 1935.

Sanitary Districts.	Mental Hospitals.	Other Institutions.	General Population.
Boroughs—			
Guildford	—	2	2
Mitcham	—	—	1
Sutton and Cheam... ...	—	—	8
Wimbledon	—	—	3
Urban Districts.—			
Banstead	31	10	—
Caterham & Warlingham ...	3	—	—
Coulsdon & Purley ...	6	—	—
Epsom & Ewell	9	—	—
Maldens & Coombe ...	—	—	10
Merton & Morden	—	—	1
Surbiton	—	—	4
Rural Districts.—			
Dorking & Horley ...	—	—	1
Guildford	—	—	3
Hambledon	—	55	3
	49	67	36

The accompanying graph shows the notifications of dysentery during the year 1935 comparing Surrey with the County of London and the remainder of England and Wales. It is evident that towards the end of the year there was a distinct rise in the number of cases notified in Surrey and London. The present enquiry showed, however, that the number of cases notified in Surrey was but a pale reflection of the number of actual cases. Apart from failure of recognition it was not always appreciated amongst practitioners that dysentery is a notifiable disease.

CIRCUMSTANCES OF OUTBREAK.

An indication that there was an undue prevalence of diarrhœa, of a possibly infective nature, came to notice first in the early part of November, 1935, in the Maldens and Coombe Urban District and bacteriological investigations proved that the infection was due to the dysentery bacillus of Sonne. Its original discovery was more or less accidental and both the mildness of symptoms and the absence of classical symptoms of dysentery led to the true nature of the disease being overlooked by the practitioners in attendance in spite of the large number of cases met with. The occurrence was illustrative of the way in which similar outbreaks might conceivably run their course without coming to light.

With the concentrated attention given to cases of diarrhœa by certain practitioners many more clinical cases were recognised and the occurrence of a few apparently sporadic outbreaks of dysentery in other parts of Surrey made it desirable that all the information available should be collected and correlated. The various District Medical Officers of Health were invited to co-operate by making enquiry from the general practitioners in their respective areas as to the prevalence of gastro-intestinal disorders during the year. The replies showed that, in widely separated parts of the County, there had been a definitely abnormal incidence of an illness characterised by diarrhœa and vomiting, sometimes accompanied by blood and mucus in the stools. This illness was in most cases not suspected to be dysentery although in a few instances specimens of the stools had been sent for bacteriological examination with negative results. One doctor remarked that some of his cases reminded him of cases of dysentery he had seen in Salonika.

Evidence of the existence of cases of this nature was obtained from the Municipal Boroughs of Godalming, Sutton, Mitcham, Reigate, Wimbledon, the Urban Districts of The Maldens and Coombe, Merton and Morden, Surbiton, Epsom, Haslemere, Esher, and the Rural Districts of Hambledon and Godstone. There appears to be no special reason why these districts should be specially picked out, and in the absence of positive evidence it is a matter for conjecture whether other areas may also have been involved to some slight extent. It is difficult to estimate the total number of clinical cases, but there is no doubt that many hundreds of people were affected. Unfortunately only a comparatively small proportion of these cases were subjected to bacteriological investigation so that a final proof of the nature of the illness, in most areas, is lacking. In view of the fact that in certain districts (viz. : Sutton, Mitcham, Maldens and Coombe, Surbiton, Epsom, Hambledon, Godstone) cases of a similar type were proved to be bacillary dysentery, there is a strong presumption that the majority of cases were of the same nature. The main outbreak probably began about the end of October and waned about the middle of December, although in some districts a few cases were still occurring in February, 1936. Earlier in the year outbreaks of Sonne dysentery occurred at the Horton Mental Hospital of the London County Council, and have been fully described elsewhere[10], but they do not appear to have been connected with the outbreak amongst the general

community. Interviews with general practitioners lead one to suspect that similar outbreaks have occurred before and are, in fact, fairly common. Apart from the usual mental hospital cases and a few imported tropical cases there was, however, no evidence of previous dysentery in the County during 1935.

Distribution of Cases.

From the enquiries made in two districts where infected households were investigated in some detail, it was found that there was a distinct tendency for the infection to spread to immediate contacts, but the number of secondary cases as evidenced by clinical symptoms was not so great as might have been expected. Out of 91 households investigated there were 18 families with multiple cases. The tendency to spread appears to be greater in institutions. Since the outbreak became recognised three institutional outbreaks have come under notice. The first occurred in connection with a convalescent home for London children at Tadworth and ten children were infected by the Sonne bacillus, none being seriously ill. The source of the infection was uncertain but it was probably introduced by a new admission and spread from case to case. The second outbreak occurred at the residential school for delicate boys at Hambledon and gave rise to about fifty cases. It was the only group in which the symptoms began in an " explosive " manner and was ascribed with some degree of probability to a localized milk infection. The Sonne bacillus was here again the responsible organism. The other institutional outbreak occurred at the Clerk's Croft Mental Deficiency Instutition at Bletchingley, where at the time of writing, fifteen cases had occurred, with one death. This outbreak appears to have been due to a mixed infection of Sonne and Flexner Z. Apart from mental hospitals the only group of cases which were ascribed to a bacillary type other than Sonne was that involving three tenement houses in Sutton. There were ten clinical cases, one of whom died, and the organism isolated was the Flexner Y type.

Clinical Features.

The clinical symptoms of the typical Sonne cases did not differ materially from those which have often been described in the literature. In the majority of cases the symptoms were very mild. The most constant symptom was colicky abdominal pain of sudden onset and this was usually followed by diarrhœa with a variable quantity of blood and mucus in the stools. Vomiting was common and a few cases had vomiting without diarrhœa. The stools, in some instances, contained mucus alone and in others were simply loose without blood or mucus. Other types of stool were watery, greenish, or composed entirely of blood and mucus. A moderate degree of tenesmus was frequently complained of. As a rule there was a moderate pyrexia of 99°—100°F, but in some cases the temperature was as high as 103°F, and in others it was normal or subnormal. Prostration was marked in the more severe cases. The usual duration of the acute illness was two to three days. Cases were frequently encountered amongst relatives of patients in which the only symptoms were fleeting abdominal pains sometimes associated with a hardly noticeable looseness of the bowels. In certain cases, notably those involved in the Hambledon outbreak, the illness was of a more acute fulminating type. In this outbreak there was a sudden onset of symptoms with severe headache and collapse. The pulse was rapid, irregular and thready. Vomiting set in and was followed by diarrhœa six hours later. Some cases had no diarrhœa. Those who vomited most appeared to recover most quickly. The average temperature was 101°F. The duration of the acute symptoms was about twelve hours, and although there were no deaths, in some instances there was considerable anxiety. Slight relapses occurred in about six cases. A slight tendency to relapse was noticed in some of the general cases, but it was not a marked feature. An interesting feature noticed by Dr. Rolston, of Haslemere, was the association of respiratory symptoms. This was described by the Aberdeen observers[6] in 1926, but has not since been confirmed by others. Dr. Rolston states that a constant feature of the cases he saw was a sneezing attack or a rapidly aborting nasal catarrh followed within four days by sudden nausea, sickness, and in some cases diarrhœa. The tonsil pillars were in all cases a rather angry pink. Older people later had a secondary bronchitis. No other type of complication was observed in any district.

Age and Sex Incidence.

Information as to age and sex incidence was available in comparatively few districts and the number of cases proved bacteriologically was not high. The following table is composed of clinical cases occurring outside institutions during November and December, and as only a small proportion had their stools examined is of limited value :—

	Under 1 *year*	1—2	2—5	5—15	*Total.*
Children under 15 ...	4	6	14	32	56
	15—25	25—45	45—65	*Over* 65	
Adults—Male	0	5	2	0	7
Female	6	18	1	4	29
					92

The approximate proportions affected were therefore : children under 15, 61 per cent. ; women, 32 per cent. ; and men, 7 per cent ; and the picture probably presents a fairly accurate approximation of the actual incidence of the disease among the general population. The heavy incidence on children was marked and the marked susceptibility of women is not entirely explained by their being infected as a result of nursing children, as in the majority of cases there was no history of intimate contact with children. The high incidence on children of the age group 1—2 noted by other observers was not particularly in evidence.

Bacteriological and Pathological Findings.

Apart from institutional cases there are records from various parts of Surrey during the last few months of 1935 of 49 clinical cases in which the fæces were examined bacteriologically. From 18 of these, or in 37 per cent., the Sonne bacillus was isolated. In two cases the Flexner Y bacillus was found and the same organism was also isolated from the stools of two contacts who gave no history of symptoms. There was little relationship between the appearance of the stool and the bacteriological finding. From some stools composed of blood and mucus alone nothing significant was isolated. There is no doubt that there is a better prospect of getting a positive result when there is as little delay as possible between the taking of a specimen and submitting it to culture, but in making a diagnosis too much reliance should not be placed on a negative bacteriological result.

In some of the bacteriological investigations there was confusion in the differentiation of the various types of the dysentery organism. Unless the investigation is performed by a bacteriologist with special experience it would appear that too much stress should not be laid on the accuracy of type differentiation.

In the Horton Mental Hospital outbreak the Sonne bacillus was recovered at the first investigation in only 30 per cent. of the cases investigated. Among 48 apparently healthy patients in an infected ward the organism was found in three instances. At the Bletchingley Institution the Sonne type was found in five cases and the Flexner Z type in two others. In addition, of sixteen specimens of fæces taken from the healthy inmates at random, three were found to contain the infecting organism. The finding of dysentery bacilli in the stools of apparently healthy contacts has an important bearing on the question of the possible existence of healthy carriers.

The fatal institutional case at Bletchingley was a mentally deficient lad of 14 in poor physical condition. He was ill for only twelve hours during which time he passed four watery motions. He died unexpectedly and at the post-mortem examination the descending colon showed early inflammation and contained pus-like fluid from which the Sonne organism was cultured. Only one kidney was present—a congenital anomaly.

The only other fatal case was associated with the Flexner outbreak at Sutton. The patient was a girl of five. The following conditions were found post-mortem :—

The stomach and small bowel were normal. The mucous membrane of the whole of the large bowel was very inflamed with thickened minute ulcers. Small areas of fatty change were found in the liver. No hæmorrhages were present. No non-lactose fermenting organisms were cultivated from the fæces post-mortem.

Water Supplies.

No suspicion could be attached to water as a vehicle of infection. The water supplies of Surrey are varied, but they are all under constant supervision and except for one or two small local supplies from doubtful shallow wells they are all of unexceptionable quality. A portion of the County in the metropolitan area is supplied entirely by the Metropolitan Water Board and the greater part of the remainder is supplied by several public water companies from deep wells in the chalk. In addition to the routine water examinations already in force, special analyses were carried out in several districts with satisfactory reports. In the area supplied by the Metropolitan Water Board attention was especially directed to the water supply and Colonel Harold, director of water examinations to the Board, was good enough to carry out an intensive investigation which failed to throw any suspicion on water as a cause.

Milk Supplies.

The number of milk vendors was so large and the sources of supply so varied that it was possible to exclude milk as a vehicle of wide-spread infection. In addition much of the milk supplied to infected households was adequately pasteurised at various centres. Only in the Hambledon outbreak was there any suspicion of a local contamination of the milk supply.

Other Food Enquiries.

Enquiries as to the possible infection of other articles of food were uniformly negative with one possible exception. In one district a number of detailed lists of food taken for some days before the onset of illness by persons affected was prepared and a list of the tradesmen supplying the goods was also made out. There was no food common to even a majority which could possibly act as a carrier of infection with the exception of butter. Imported butter, particularly the New Zealand variety, is very widely used at the present time and the fact that it entered into the dietary of the greater number of persons affected is of no great significance. A number of samples were examined bacteriologically with negative results. Furthermore, the conditions of its manufacture appear to be excellent. The butter is all factory made from well pasteurised cream which has been soured with a special souring organism, and there are few opportunities for its contamination after manufacture. Neither was there any evidence of the contamination of food by rodent or insect pests.

Climatic and Seasonal Observations.

The Newcastle observers found that dysentery occurred throughout the year, but the Flexner distribution showed two peaks—one in the spring and the other in late summer and early autumn. The periodicity of Sonne outbreaks suggested their particular association with the autumn months

of the year. On the other hand the experience in Aberdeen was that Flexner infections occurred chiefly from August to December and that Sonne infections were not seasonal. The present outbreak appeared to be mainly autumnal and although definite information is scanty it is the impression of several practitioners that previous outbreaks of diarrhœa have occurred at the same time of the year. An outbreak of gastro-enteritis occurring in the Maldens and Coombe Urban District at the end of 1934, presented many features similar to the present one, but dysentery bacilli were not discovered in numerous specimens examined.[11] A special feature of the climatic conditions in 1935 was the abnormally heavy rainfall experienced in September, October and November. This excessive rainfall was associated with flooding in many districts, but had no clear relationship with the epidemiology of the disease.

Overcrowding and Sanitary Conditions.

No special coincidence of infection with overcrowding was noted, neither was any fault to be found in the sanitary conditions of the great majority of the houses involved. All classes of people appeared to be affected indifferently. All the urban districts and parts of the rural districts of Surrey are served by main drainage.

Mental Hospitals.

Surrey contains an unusual number of mental hospitals and the association of dysenteric infections with the aged insane is well known. The possibility of these institutions acting as reservoirs of infection was considered. Apart from isolated outbreaks of Sonne infection, however, the indigenous infection in mental hospitals appears to be practically all of the Flexner type and there is evidence that dysentery types always breed true. Furthermore, recognition of illness of this type in institutions in usually prompt and all necessary measures are taken to prevent the spread of infection. There were only two known examples of infection contracted in a mental hospital affecting persons living outside. Both these were cases of Flexner infection occurring in mental hospital attendants who had been nursing dysentery patients. In one instance there was a history of diarrhœa attacks occurring in other members of the family. There was delay in reporting the circumstances and no investigations were made at the time, but the presumption is that the relatives were infected by the hospital attendant.

Discussion.

The position disclosed opens a wide field of uncertainty for future enquiry. It is probable that infection by the dysentery bacillus can be present with no reaction at all or with vague or atypical symptoms which are only with difficulty traced to their true source of origin. To what extent then is dysentery endemic ? The present outbreak was very widespread and probably involved hundreds of people who never consulted a doctor. For the early recognition of clinical cases we are dependent on the general practitioners, and it is desirable that they should have their attention directed to the desirability of careful bacteriological examinations of the stools in all cases of diarrhœa where the cause is not evident. It is not considered from the evidence that food or drink plays an important part in the wholesale dissemination of infection. The Newcastle workers believe that spread of infection occurs through close and intimate contact of infecting persons with others or with their food, its preparation and service. They believe that the missed case of dysentery is the principle factor in the diffusion of infection. In Aberdeen, it is believed that healthy carriers play practically no part, the subacute and the convalescent carrier being entirely responsible for the continual spread of the disease. They believe that the disease is spread from individual to individual by the scattering of infectious discharges. Manson-Bahr[12] states that fæcal contamination appears to be the sole means of spread. He believes that healthy carriers are rare and of little importance, and from war experience, the convalescent carrier is the main source of infection.

It is now suggested that an outbreak such as the present can only be adequately explained by the postulation of a hitherto unsuspected reservoir of temporary healthy carriers, relapsing carriers, or mild unrecognised cases. The supervention of some unknown epidemiological factor would then cause a burst of clinical cases such as we have recently experienced. It is generally agreed that the organism in most cases disappears from the stools after a week or two, so that it is unlikely that many chronic carriers exist. There would appear to be scope for further research on the bacterial flora of the stools of the general community.

Administrative Problems.

With large numbers of cases of dysentery occurring the problem of adequate isolation arises. In sporadic cases, removal to hospital is simple and is perhaps the best solution. It became evident, however, in those districts where the outbreak was recognised, that the removal to hospital of so many cases, many of which had mild and short-lived symptoms, presented a difficult problem. It was, therefore, decided to allow patients to be treated at home with special precautions as to cleanliness, nursing and the protection of food. Perhaps owing to the mildness of the disease, no great harm seemed to come from this policy. In any case, infection died out quickly in most districts.

Another difficult point was the question of freedom from infection in convalescent cases. Not only would there be difficulty in obtaining specimens, but frequent bacteriological examinations of stools would have involved the local authorities in considerable expense, and it was, therefore, decided to dispense with the examination of convalescent stools. Instructions were given, however, that the

hygienic precautions already enjoined should be continued and that no household food intended for others should be touched for six weeks. There is no evidence that any good purpose would have been served had routine bacteriological examinations been carried out. Fortunately no cases came to notice, in which the patient was employed in any public food service.

Summary.

1. Towards the end of 1935, and in early 1936, there was a widespread outbreak of dysentery in Surrey, chiefly of the Sonne type.
2. Most of the cases were very mild and were not recognised as dysentery.
3. No suspicion could be attached to food or water as vehicles of infection.
4. It is suggested that there may be in Surrey an unsuspected reservoir of dysentery in the shape of temporary healthy carriers, relapsing carriers, or mild unrecognised cases.
5. Spread of infection would be to a great extent prevented if all unexplained cases of diarrhœa were considered infective and suitable hygienic precautions taken.

I have to thank for their valuable help in the conduct of this enquiry, Dr. J. R. Hutchinson and Dr. W. M. Scott of the Ministry of Health, and Colonel C. H. H. Harold of the Metropolitan Water Board, and I should also like to record with grateful thanks the willing and courteous co-operation of the District Medical Officers of Health and the general practitioners of Surrey.

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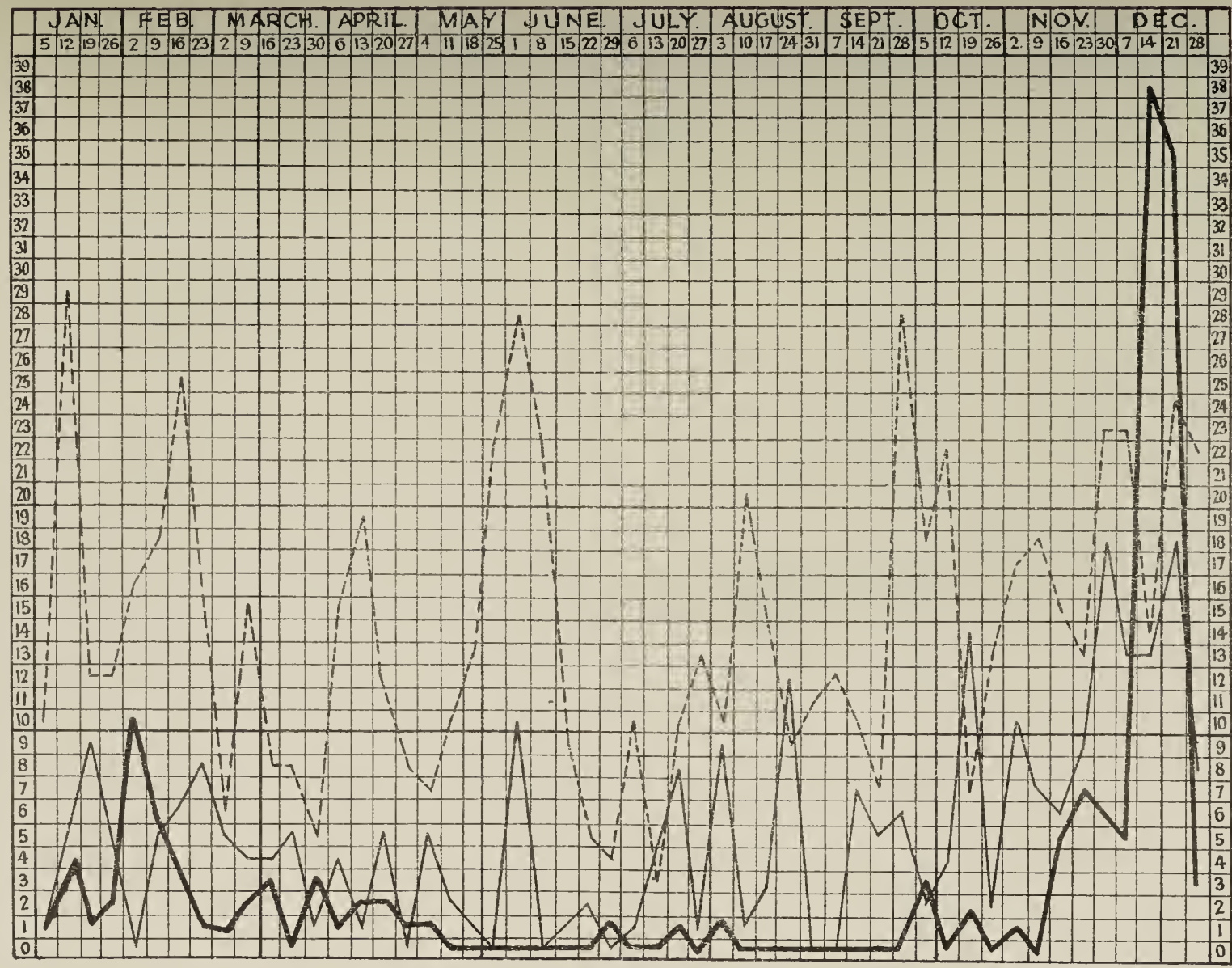
WEEKLY STATEMENT OF CASES OF DYSENTERY NOTIFIED IN EACH SANITARY DISTRICT.

Sanitary Districts	Week Ending																															Total
	January				February				March				April				May	June	July	Aug.	Oct.		November				December					
	5	12	19	26	2	9	16	23	2	9	16	30	6	13	20	27	4	29	20	3	5	19	2	16	23	30	7	14	21	28		
Boroughs.—																																
Guildford	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—		4
Mitcham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—		1
Sutton & Cheam ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	6	1	—		8
Wimbledon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	2	—		3
Urban Districts.—																																
Banstead	—	1	1	2	9	3	3	1	1	—	—	2	—	—	1	—	—	—	—	—	2	2	—	1	—	1	3	3	4	1		41
Caterham & Warlingham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—		3
Coulsdon & Purley ...	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	1	—		6
Epsom & Ewell... ...	—	—	—	—	1	1	—	—	—	2	—	1	1	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—		9
Maldens & Coombe ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	5	1	—	—	—		10
Merton & Morden ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—		1
Surbiton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	—	—	—		4
Rural Districts.—																																
Dorking & Horley ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—		1
Guildford	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		3
Hambledon	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	28	27	2		58
	1	4	1	2	10	6	3	1	1	2	3	3	1	2	2	1	1	1	1	1	3	2	1	5	7	6	5	38	35	3		152
	8				20				9				6				1	1	1	1	5		19				81					

No notifications of dysentery were received from the Boroughs of Barnes, Godalming, Kingston-on-Thames, Reigate, Richmond, the Urban Districts of Beddington and Wallington, Carshalton, Chertsey, Dorking, Egham, Esher, Farnham, Frimley and Camberley, Haslemere, Leatherhead, Walton and Weybridge, Woking, and the Rural Districts of Bagshot and Godstone.

DYSENTERY.

Graph showing Weekly Notifications during the Year 1935 in England & Wales (excluding London and Surrey.) London and Surrey.



England & Wales (excluding London & Surrey) - - - - - - - - - -
London. ————————
Surrey. ━━━━━━━━━━

PUBLIC VACCINATION.

The County Council is responsible for the administration of the Vaccination Acts in the whole of the Administrative County of Surrey.

A return respecting the vaccination of children whose births were registered during the year ended 31st December, 1934, is given in the table on page 68.

It should be noted that the information given in this statement shows the state of vaccination on the 31st January, 1936, of children born in 1934.

A summary of the return with the corresponding figures for the previous year is given below :—

	1934.	1933.
Successfully vaccinated	6,108	6,011
Insusceptible to vaccination	33	55
Had Smallpox	—	—
Statutory declarations of conscientious objection	4,909	4,598
Died unvaccinated	377	363
Still postponed by medical certificates ...	86	95
Removals to other districts	584	416
Removals to places unknown, etc. ...	328	318
Otherwise unaccounted for	174	355
	12,599	12,211

In the following table the numbers of children vaccinated and unvaccinated are given, and these numbers are also expressed as percentages of the total children born in 1934. A comparison is made with similar figures and percentages for the previous year :—

	Surrey.			
	Children born in 1934.		Children born in 1933.	
	Number.	% of total births.	Number.	% of total births.
Successfully vaccinated or insusceptible to vaccination	6,141	48.74	6,066	49.68
Unvaccinated :—				
(i) Statutory declarations or deaths ...	5,286	41.96	4,961	40.63
(ii) Postponements, removals, etc. ...	1,172	9.30	1,184	9.69
Total Births	12,599	100.00	12,211	100.00

Information regarding the number of successful vaccinations and re-vaccinations carried out during 1935 is shown in the following table :—

Area.	Successful Vaccinations.		Totals.	Successful Re-vaccinations.
	Under 1 year.	1 Year and upwards.		
North-Eastern Area ...	1,123	71	1,1 4	60
Mid-Eastern Area	1,651	88	1,739	69
South-Eastern Area ...	440	55	495	20
North-Western Area ...	620	52	672	190
South-Western Area ...	685	52	737	41
TOTALS ...	4,519	318	4,837	380

VACCINAL STATE ON 31ST JANUARY, 1936, OF INFANTS BORN DURING 1934.

Area.	Population Census, 1931.	Number of Births registered from 1st January to 31st December, 1934.	Number of these Births duly entered by 31st January, 1936, in Vaccination Register, viz.:—					Number of these Births which on 31st January, 1936, remained unentered in the Vaccination Register on account of:—			Number of these Births remaining on 31st January, 1936, neither duly entered in the Vaccination Register nor temporarily accounted for in the Report Book. *	Total number of Certificates of successful Primary Vaccination of Children under 14 received during the calendar year 1935.	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer during the calendar year 1935.
			Successfully Vaccinated.	Insusceptible to vaccination.	Had Small Pox.	Statutory Declarations of conscientious objection.	Died unvaccinated.	Post-ponement by Medical Certificate.	Removals to other Districts.	Removal to places unknown or which cannot be reached, and cases not having been found.			
North-Eastern Area	266,991	2,965	1,664	5	—	1,057	91	12	64	66	6	1,786	914
Mid-Eastern Area	311,619	4,714	2,060	15	—	1,837	147	31	362	147	115	2,906	1,978
South-Eastern Area	115,876	1,495	606	3	—	743	56	2	40	34	11	752	781
North-Western Area	123,454	1,681	907	5	—	553	43	28	70	43	32	1,092	655
South-Western Area	129,830	1,744	871	5	—	719	40	13	48	38	10	1,141	786
TOTALS	947,770	12,599	6,108	33	—	4,909	377	86	584	328	174	7,677	5,114

* During the year an effort was made to ensure that the number of cases not accounted for was reduced as far as possible. As shown in the above table the number of such cases was 174. The figure for the preceding year was 355.

DISTRICT MEDICAL OFFICERS OF HEALTH.

The scheme prepared by the County Council under Section 58 of the Local Government Act, 1929, for securing that in future every County District shall, either in combination with other districts or otherwise, have the services of a medical officer of health who, by the terms of his appointment, is restricted from engaging in private practice, was submitted to the Minister of Health in 1934.

Particulars as to how far this scheme had been put into operation were given in last year's report and no changes have occurred during 1935.

A list of the District Medical Officers of Health of the various County Districts appears on page 6.

VENEREAL DISEASES.

There has been no change during the year in the scheme for the treatment of Venereal Diseases.

The arrangements under the scheme provide for the free diagnosis and treatment of these diseases :—

(i) at hospitals under the London and Home Counties Scheme ;
(ii) at clinics established at the Royal Surrey County Hospital, Guildford, and the East Surrey Hospital, Redhill.

The latter clinics are staffed by assistant medical officers of the County Council.

In order that facilities for treatment may be available to all persons suffering from these infections, provision is made for enabling any medical practitioner to obtain at the cost of the County Council a bacteriological report on suspected material and for approved medical practitioners to be supplied with arseno-benzene preparations free of charge.

The bacteriological work is done at a number of the large voluntary hospitals in London, but as far as Surrey work is concerned, principally at St. Thomas's Hospital. Approved medical practitioners may apply to St. Thomas's Hospital for a free issue of the arseno-benzene drugs.

1. The London and Home Counties Scheme.

The Surrey County Council is a member of this scheme, and extensive use is made by Surrey patients of the excellent facilities provided at the London hospitals approved within the scheme.

The County Councils of London, Bucks, Essex, Herts, Kent, Middlesex and Surrey, and the County Borough Councils of Croydon, East Ham and West Ham have a joint agreement whereby the diagnosis and treatment of venereal diseases are provided at the out-patient departments of a considerable number of voluntary hospitals in London ; the agreement also provides for in-patient treatment at such hospitals where necessary.

The supervision of the arrangements is undertaken by the London County Council.

The facilities of the scheme are available to everybody in Surrey, but in the main they are accepted by residents in that part of the County contiguous to London ; In necessitous cases from elsewhere in the County patients may have financial help in travelling to the most convenient clinics or to clinics where specialised treatment is available.

The number of actual cases from Surrey dealt with under the Scheme shows a slight decrease compared with the previous year.

The number of patients who attended at the clinics for examination and who were diagnosed as not suffering from venereal disease continues to increase, and from the standpoint of prevention this can be considered satisfactory.

The following figures show the volume of work done during 1935 within the scheme as a whole and for Surrey in particular. The figures in brackets give the corresponding figures for the previous year :—

	Whole Scheme.		*Surrey Cases.*	
Syphilis	3,930	(4,179)	115	(158)
Gonorrhœa	10,952	(11,720)	341	(344)
Soft Chancre	350	(165)	7	(5)
Diagnosed as not suffering from Venereal Disease	13,171	(12,059)	588	(520)
Total...	28,403	(28,123)	1,051	(1,027)

	Whole Scheme.		*Surrey Cases.*	
Total attendances of all patients ...	1,138,492	(1,142,287)	28,320	(25,374)
No. of in-patient days of treatment	55,566	(54,089)	1,261	(2,142)
No. of pathological examinations made :—				
(*a*) for or at centres	255,403	(261,116)	9,522	(8,653)
(*b*) for private medical practitioners	38,354	(37,286)	2,305	(1,922)

2. Clinics Situated in the County.

These clinics are situated at the Royal Surrey County Hospital, Guildford, and the East Surrey Hospital, Redhill, and are conducted by five assistant medical officers.

Two sessions for males and one session for females are held every week at the Guildford Clinic, and the assistant medical officers are available at these times for consultation with medical practitioners, in addition to giving advice and treatment to persons attending the clinic. Intermediate treatment for males is available on every day of the week, and for females on three days in the week. The nursing staff at the female clinic is supplied by the hospital ; one whole-time and one part-time male orderly are employed in the male clinic.

At Redhill sessions for males and females are held once a week. The arrangements for intermediate treatment at this Centre were reviewed last year, as it had been ascertained that patients at work found difficulty in attending the morning sessions and the time was also inconvenient to the hospital administration. An arrangement was concluded with the hospital authorities whereby facilities for intermediate treatment are now available on Monday, Tuesday, Thursday and Friday evenings. The nursing staff for both male and female clinics is supplied by the hospital, two qualified nursing orderlies being employed in the male clinic, while the nursing attendance at the female clinic is supplied from the general out-patient staff of the hospital.

The attendances at the various Clinics are shown in the following table :—

	London Centres. (*Surrey Patients*)				Surrey Centres.							
					Guildford.				Redhill.			
†	S.	S.C.	G.	O.	S.	S.C.	G.	O	S.	S.C.	G	O.
1. Number of persons, who on the 1st January, 1935, were under treatment	*	*	*	*	84	—	51	5	13	—	15	1
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	*	*	*	*	—	—	2	—	—	—	1	—
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under 4)	115	7	341	588	27	—	44	64	12	—	10	33
4. Number of cases dealt with for the first time during the year under report known to have received treatment at other centres for the same infection ...	*	*	*	*	7	—	10	—	1	—	3	—
	*	*	*	*	118	—	107	69	26	—	29	34
5. Number of cases discharged after completion of treatment and final tests of cure	*	*	*	*	4	—	19	55	—	—	10	33
6 Number of cases which ceased to attend before completion of treatment and were on first attendance suffering from Syphilis, Soft Chancre and Gonorrhœa	*	*	*	*	15	—	7	—	5	—	7	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	*	*	*	*	1	—	14	—	4	—	4	—
8. Number of cases transferred to other centres or to institutions or to care of private practitioners	*	*	*	*	15	—	16	—	3	—	3	—
9. Number of cases remaining under treatment or observation on 31st December, 1935	*	*	*	*	83	—	51	14	14	—	5	1
	*	*	*	*	118	—	107	69	26	—	29	34
10. Number of cases of syphilis included in item 6 which failed to complete one course of treatment	*				1				1			
11. Out-patients' attendances—												
(*a*) For individual attention by the Medical Officer	28,320				2,544				470			
(*b*) For intermediate treatment, *e.g.*, irrigation, dressings					1,442				632			
12. Number of doses of arseno-benzene compounds and other preparations given—												
(*a*) arseno-benzene compounds ...	2,420				747				120			
(*b*) bismuth	*				540				105			
13. Specimens from persons attending sent to approved laboratory—												
(*a*) Spirochætes	35				2				4			
(*b*) Gonococci	5,212				294				77			
(*c*) Wassermann reaction	2,042				192				88			
(*d*) Others	2,233				106				86			
14. Number of in-patient days	1,261				—				—			

*Figures not available.

†S. Syphilis. S.C. Soft Chancre. G. Gonorrhœa. O. Conditions other than venereal.

The following table shows the number of Surrey patients dealt with at various Treatment Centres during 1935 :—

	S.C.C. Clinics. Guildford. (1)	S.C.C. Clinics. Redhill. (2)	Croydon Clinic. (3)	Clinics under London and Home Counties Scheme. (4)	St. Bart's. Hospital. (5)	Aldershot Clinic. (6)	Eastbourne Clinic. (7)	Leeds Clinic. (8)	Reading Clinic. (9)	Rotherham Clinic. (10)	Torquay Clinic. (11)	Total. (12)
New Cases (Surrey).												
Syphilis	21	13	38	115	4	5	—	—	—	—	—	196
	(29)	(13)	(17)	(158)	(3)	(2)	(—)	(—)	(—)	(—)	(—)	(222)
Soft Chancre	—	—	—	7	—	—	—	—	—	—	—	7
	(—)	(—)	(—)	(5)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(5)
Gonorrhœa	46	13	66	341	7	5	—	1	5	1	—	485
	(51)	(21)	(79)	(344)	(3)	(4)	(3)	(—)	(1)	(—)	(1)	(507)
Conditions other than venereal	63	32	76	588	10	2	—	—	1	—	—	772
	(67)	(24)	(48)	(520)	(7)	(6)	(1)	(—)	(—)	(—)	(—)	(673)
Totals	130	58	180	1,051	21	12	—	1	6	1	—	1,460
	(147)	(58)	(144)	(1,027)	(13)	(12)	(4)	(—)	(1)	(—)	(1)	(1,407)
All Cases (Surrey).												
Total number of attendances	3,632	1,075	3,859	28,320	184	84	—	4	131	14	—	37,303
	(3,321)	(748)	(2,227)	(25,374)	(130)	(143)	(137)	(—)	(2)	(—)	(8)	(32,090)
Aggregate number of in-patient days	—	—	63	1,261	—	—	—	—	5	—	—	1,329
	—	—	(10)	(2,142)	(—)	(—)	(—)	(—)	(—)	(—)	(—)	(2,152)
Number of doses of arsenobenzene compounds given in the out-patient Clinic and in-patient Department	674	120	505	2,420	24	37	—	—	41	—	—	3,821
	(560)	(194)	(225)	(2,493)	(32)	(32)	(47)	(—)	(—)	(—)	(—)	(3,583)

The figures shown in brackets relate to the year 1934.

3. Propaganda.

By the Public Health (Venereal Diseases) Regulations, 1916, Local Authorities are empowered to provide or to arrange for the provision of means of education and publicity in connection with their scheme of treatment.

The Public Health Committee has continued the practice of the Ministry of Health previous to the operation of the Local Government Act, 1929, of making annual grants on the basis of population to the British Social Hygiene Council towards expenditure on the dissemination of information on the subject of venereal diseases.

The Committee has paid the fees and expenses of lecturers provided for various Women's Co-operative Guilds and Rover Scouts Associations under the auspices of the British Social Hygiene Council. In connection with the Surbiton Health Week held from 21st to 26th October, the British Social Hygiene Council, by arrangement, staged a display in charge of a representative during the whole week and provided two speakers to address a public meeting for men and a public meeting for women. All these lectures were well attended.

Advertisements showing the treatment facilities available have also been inserted throughout the year in the six County newspapers.

MENTAL TREATMENT ACT, 1930.

The under-mentioned out-patient clinics have been established under the Mental Treatment Act, 1930 :—

Hospital.	Time.	Physician in Charge.
Brookwood	11 a.m. every Thursday	Dr. J. A. Lowry
Croydon General ...	10 a.m. ,, Friday ...	Dr. Burnett Rae
Kingston & District	3 p.m. ,, Monday ...	Dr. L. M. Webber
Netherne	2 p.m. ,, Tuesday...	Dr. L. M. Webber

Two new classes of patients were created by the Mental Treatment Act, 1930, as follows :—

Voluntary Patients.—Patients who are admitted into an appropriate institution of their own volition.

Temporary Patients.—Non-volitional patients admitted into an appropriate institution on the recommendation of medical practitioners.

These classes of patients are admitted into hospital without "certification" in the hope that they will recover in a comparatively short time.

The numbers of these patients admitted to the County Council's Mental Hospitals during 1935 were as follows :—

Hospital.	*Voluntary.*	*Temporary.*
Brookwood	56	10
Netherne	87	38
	143	48

The comparable figures for 1934 are 94 voluntary and 15 temporary patients.

LABORATORY FACILITIES.

There has been no change in the laboratory facilities available in the County since the last report.

BLIND WELFARE.

1. The Public Health Committee continues to administer and to extend the scheme for the Welfare of the Blind which was adopted by the Council in July, 1921, and came into operation in the following year.

The Education, Public Health and Public Assistance Committees each have functions respecting blind persons and overlapping is avoided by the creation of a special Sub-Committee comprising representatives of the three Committees concerned. The Sub-Committee meets regularly to consider matters relating to the blind in which they are mutually interested and to make recommendations to the appropriate Committee. The usefulness of this Special Sub-Committee has been fully demonstrated and it has well justified its existence.

2. Register.

During the year 81 additional blind persons were registered ; 32 removed into Surrey from other areas ; 31 left the County ; and 47 died. Eight names were removed from the register as the persons were either not blind, or untraceable ; and there were 88 removals within the County.

At the end of the year the names of 948 blind persons were on the register compared with the following numbers in previous years, viz. :—

Year.	*Number.*	*Year.*	*Number.*
1925	523	1930..	757
1926	657	1931..	806
1927	649	1932..	836
1928	744	1933..	876
1929	711	1934..	921

The classification of blind persons whose names were on the register at the end of the year was as follows :—

Under 16 years of age	13
Employed	180
Under training	13
Trained, but unemployed	1
Unemployable	741
	948

The ages and sexes of these 948 blind persons were as follows :—

Age Group.	1935 M.	1935 F.	Total.
1— 5	1	1	2
5—16	5	6	11
16—21	9	15	24
21—40	75	54	129
40—50	77	54	131
50—65	122	134	256
65—70...	50	47	97
Over 70	103	189	292
Unknown	1	5	6
Totals	443	505	948

The following is an analysis of the occupations followed by the 180 blind persons who are employed :—

Nature of Employment	Within Institutions for the Blind	Home Workers	Other (not pastime workers)	Total
Agents, Collectors, etc....	3	—	—	3
Basket workers	3	6	6	15
Boot repairers	1	6	7	14
Braille copyists	—	1	3	4
Brush makers	3	—	—	3
Carpenters	—	3	6	9
Chair seaters	—	8	—	8
Clerks and Typists	1	—	2	3
Shopkeepers, etc.	—	—	14	14
Firewood workers	—	1	—	1
Gardeners	—	—	2	2
Hawkers, Newsvendors, etc.	—	—	5	5
Home Teachers	—	—	1	1
Hand Knitters	—	3	—	3
Machine Knitters	7	10	—	17
Labourers	—	—	2	2
Massage	—	1	12	13
Mat makers	2	2	3	7
Netting makers	—	—	2	2
Porters, etc.	1	—	—	1
Poultry Farmers	—	—	5	5
School Teachers...	—	—	3	3
Telephone Operators	—	—	8	8
Piano Tuners	—	17	—	17
Weavers	2	—	—	2
Miscellaneous	1	1	10	12
Musicians	—	1	5	6
Total	24	60	96	180

3. Education and Training.

The education and training of all blind children under the age of 16 are undertaken by the Elementary Education Authorities in the County. The Surrey Higher Education Committee arranges for the training of persons over the age of 16. At the end of the year there were 13 blind persons undergoing training for the following occupations :—

Machine knitting	3	Typewriting and music ..	2
Boot repairing	2	Typewriting and shorthand..	1
Piano tuning	4	Secondary Education ..	1

4. Home Workers.

The County Council continues to participate in the Home Workers' Scheme which is administered by the National Institute for the Blind (Home Industries Department) for a large area south of the Thames. Under the scheme, which has been in existence for many years, suitably trained and proficient workers who, for various reasons cannot be employed in a workshop, are employed in their own homes under the supervision of the Home Industries Department. A large proportion of the goods made by these workers is disposed of by the Department, either at its depot in Reigate or at sales held in various parts of the County during the year. The blind workers are encouraged to secure orders for themselves as much as possible, and not to rely wholly on the marketing arrangements of the Department.

The National Institute receives from the County Council a grant at the rate of £20 per annum in respect of each recognised home worker. The Council also augments the earnings of each home worker by a flat rate of 10s. weekly.

At the end of the year there were 60 home workers in the scheme, compared with 56 in 1934, 54 in 1933, 52 in 1932, 49 in 1931, and 42 in 1930. Included in the 60 cases mentioned there are two other blind persons recognised by the Council as home workers, independently of the scheme above referred to. These workers also receive from the Council 10s. weekly in augmentation of their earnings.

5. Workshop Employees.

The County Council continues to pay a capitation grant at the rate of £40 per annum in respect of each blind person employed in a workshop in accordance with approved arrangements. There were 20 Surrey blind persons so employed at the end of the year. The wages of the workers are augmented by the Workshop Authorities by 15s. each weekly. The number of workshop employees varies only slightly from year to year.

6. Books for the Blind.

Arrangements are made by the Council with the National Library for the Blind for the loan of books and music in braille and moon embossed types for the use of Surrey blind persons. In

respect of this service the County Council makes a grant to the Library at the rate of £1 per registered blind reader per annum. At the end of the year there were about 125 regular readers.

7. Unemployable and Necessitous Blind.

Arrangements for giving assistance to this class of blind persons have been made by the Council in conjunction with the Surrey Voluntary Association for the Blind. These arrangements, which have been in force for some years, were reviewed during 1935 and brought up to date. The new rules for the guidance of the Association in granting domiciliary relief came into operation on the 1st April. The grant paid by the Council to the Association in respect of allowances to necessitous blind persons, and administrative expenses during the year 1935-36 amounted to £3,350, compared with £2,250 during the previous year.

At the end of the year weekly allowances were being made to 236 blind persons, involving an annual rate of expenditure of £3,620.

The number of cases and the rate of expenditure at the end of the previous year was :—
222 at rate of £3,145 per annum.

In addition to grants by way of weekly allowances the Association gives help to blind persons in numerous ways. It co-operates closely with the Public Assistance Department of the Council and makes application to various charities for the blind for pensions. The Association raises approximately £2,000 per annum from voluntary sources.

At the end of the year the Blind Welfare Joint Sub-Committee considered a report by the Chairman of the Association on the financial position of that Body, asking the Council for increased payments in respect of the services rendered by the Association during the year 1935-6 and proposed to be carried out during 1936-37.

The Joint Sub-Committee came to the conclusion that the Council should continue fully to utilise the services of the Association and that they should accept liability for the cost of such part of the Association's work as may properly be regarded as the responsibility of the Council under the Blind Persons Act, 1920. It accordingly concurred in the suggestions contained in the memorandum that in future the Council should bear (*a*) the full cost of weekly allowances to necessitous blind persons ; and (*b*) three-fourths of the administrative expenses of the Association.

The Joint Sub-Committee agreed that voluntary funds raised by the Association should be expended by that body in providing benefits for blind persons which could not properly be paid for out of County funds, and the memorandum by the Chairman contains details of the voluntary funds which the Association hopes to raise during the year 1936-37 and of the purposes to which such funds would be applied.

The Joint Sub-Committee was also of opinion that, if the basis suggested by it for future grants to the Association met with the Council's approval, the Committee of the Association which dealt with weekly allowances should be re-constituted so as to afford adequate representation thereon to the Council. The Association was agreeable to this proposal which has since been adopted by the Council.

The Joint Sub-Committee considered a report which had been prepared at its request by the County Medical Officer on the subject of a declaration (under Section 4 of the Local Government Act, 1929), but in view of the revised arrangements with the Surrey Voluntary Association for the Blind above referred to, the Joint Sub-Committee was not prepared at that time to recommend the Council to make an official " declaration " to administer assistance to blind persons under the Blind Persons Act, 1920, instead of under the Poor Law Acts. This matter will be reconsidered at the end of 1936.

8. Homes for the Blind.

Arrangements are made by the Council for the accommodation in Homes for the blind of Surrey blind residents who are without relatives or friends who can take care of them. At the end of the year there were 30 adult blind persons accommodated in such homes and one blind child.

9. Examination and Certification of Blind Persons.

Having regard to the increased number of eye examinations requiring to be carried out under the Blind Persons Act, 1920, and to the comprehensive and detailed nature of the report which the ophthalmic surgeon is required to complete, the Committees concerned came to the conclusion that a full-time Specialist should be appointed to undertake the Council's eye work including the examination and certification of blind persons, and that, in addition, a part-time Specialist should be employed for such additional sessions as were found to be necessary.

10. Supervision of Voluntary Agencies.

Arrangements have been made with the London County Council whereby that body undertakes, on behalf of the Council, the supervision of voluntary agencies in London and the adjoining districts which provide services for the Surrey blind. Where Surrey blind persons are accommodated in

distant institutions the arrangements for supervision are undertaken on behalf of the Surrey County Council by the County Councils concerned.

11. Home Teaching.

The visiting of the blind in their own homes and the teaching of pastime handicrafts are carried out by four full-time Home Teachers on the established staff of the Council.

During the year the Home Teachers regularly visited the blind, and where desirable, gave instruction in reading and writing embossed types, and in rug and basket making and other simple handicrafts.

Such of these goods as are saleable are disposed of as far as possible by means of sales held in different parts of the County through the kind co-operation of the Home Industries Department of the National Institute.

Towards the end of the year a recommendation for the appointment of an additional Home Teacher (the fifth) was made and this recommendation has since been adopted by the Council.

MILK AND DAIRIES ACTS AND ORDERS.

The County Council is responsible for the inspection of all dairy cattle in Surrey and in this connection the Council's policy is to examine all cows belonging to persons producing milk for sale at least four times per year. For the purposes of carrying out these inspections there is a staff of whole-time veterinary surgeons consisting of a Chief Veterinary Officer and three Assistant Veterinary Officers, their centres being Kingston, Guildford, Reigate and Woking.

The following report upon the work done under the Milk and Dairies Acts and Orders has been prepared by Mr. E. Clark, M.R.C.V.S., D.V.S.M., Chief Veterinary Officer, who has included particulars of the animals slaughtered by order of the County Council under the Tuberculosis Order of 1925.

Milk and Dairies Order, 1926.

Under Part III of the above Order every Sanitary Authority is required to keep a register of all persons in its district carrying on the trade of cowkeeper and to furnish particulars of registration to the County Council. In addition it must notify all alterations made to the register from time to time.

The number of persons registered as cowkeepers by Sanitary Authorities in Surrey on the 31st December, 1935, was 1,083. The herds belonging to these comprised 20,862 cows, of which 17,587 were in milk, an increase of 516 and 473 respectively.

The following table shows the number of registered cowkeepers and of cows in each Sanitary District, together with an analysis of the herds, divided into groups according to size :—

Sanitary Districts.	No. of Cow-keepers on 31.12.35.	No. of herds containing:— Not exceeding 5 cows.	6 to 10 cows	11 to 20 cows	21 to 30 cows	31 to 40 cows	41 to 50 cows	51 to 60 cows	61 to 70 cows	71 to 80 cows	81 to 90 cows	91 to 100 cows	Over 100 cows	Total No. of cows
Boroughs.														
Barnes	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Godalming ..	4	—	—	1	1	2	—	—	—	—	—	—	—	112
Guildford ..	17	1	3	4	4	2	2	—	—	1	—	—	—	420
Kingston-on-Thames	1	—	—	1	—	—	—	—	—	—	—	—	—	19
Mitcham ..	1	1	—	—	—	—	—	—	—	—	—	—	—	4
Reigate.. ..	21	4	2	3	1	5	5	1	—	—	—	—	—	551
Richmond ..	4	1	—	1	1	1	—	—	—	—	—	—	—	81
Sutton & Cheam	1	1	—	—	—	—	—	—	—	—	—	—	—	2
Wimbledon ..	1	1	—	—	—	—	—	—	—	—	—	—	—	5
Urban Districts.														
Banstead ..	29	5	5	13	4	1	1	—	—	—	—	—	—	458
Beddington & Wallington	2	2	—	—	—	—	—	—	—	—	—	—	—	4
Carshalton ..	4	—	—	1	1	1	1	—	—	—	—	—	—	117
Caterham & Warlingham	11	3	2	—	2	2	—	—	1	—	1	—	—	305
Chertsey ..	31	4	4	10	8	3	1	—	1	—	—	—	—	641
Coulsdon & Purley	6	1	—	2	1	1	—	1	—	—	—	—	—	154
Dorking ..	17	2	1	2	2	6	1	1	1	—	—	—	1	593
Egham	16	6	2	2	2	—	1	1	2	—	—	—	—	340
Epsom	8	1	1	—	3	2	—	1	—	—	—	—	—	206
Esher	37	5	2	12	6	10	1	1	—	—	—	—	—	847
Farnham ..	32	7	4	12	4	3	2	—	—	—	—	—	—	521
Frimley & Camberley	13	2	2	6	2	1	—	—	—	—	—	—	—	200
Haslemere ..	12	3	4	3	2	—	—	—	—	—	—	—	—	141
Leatherhead ..	14	3	2	2	—	4	—	1	—	—	—	—	2	514
Merton&Morden	2	—	—	—	—	—	2	—	—	—	—	—	—	88
Surbiton ..	12	4	—	—	1	1	—	1	1	1	1	—	2	577
The Maldens & Coombe	3	1	1	1	—	—	—	—	—	—	—	—	—	30
Walton & Weybridge	14	1	1	4	5	1	1	1	—	—	—	—	—	339
Woking.. ..	40	7	9	14	8	—	1	—	—	—	—	—	1	719
Rural Districts.														
Bagshot.. ..	65	23	12	25	2	1	2	—	—	—	—	—	—	706
Dorking&Horley	187	32	29	64	32	19	3	3	5	—	—	—	—	3,397
Godstone ..	164	25	18	47	39	18	10	1	3	3	—	—	—	3,479
Guildford ..	153	23	27	53	25	12	8	4	1	—	—	—	—	2,722
Hambledon ..	161	24	39	52	30	8	6	2	—	—	—	—	—	2,570
	1083	193	170	335	186	104	48	19	15	5	2	—	6	20862

Under Part IV of the Order County Councils are empowered to make such inspections of cattle belonging to cowkeepers registered by Sanitary Authorities as they may deem necessary. In Surrey the policy of examining all the herds of dairy cows in the County at least once every quarter has been carried out for the past eight years. Although the routine inspection of cattle is not yet general throughout England and Wales, an appreciable number of County Councils instituted a system of inspections during the past year.

To sell, or offer for sale, the milk from animals suffering from the diseases mentioned in the Milk and Dairies Acts and Order or to use such milk for the manufacture of products for human consumption is an offence and it is the routine practice of the Veterinary Officers to give formal notice to cowkeepers of any cows found to be suffering from such pathological conditions on the occasion of their routine examinations of dairy herds.

The following gives the number of animals found during 1935 to be suffering from each of the diseases mentioned, together with comparative figures for the previous year :—

	1934.	1935.
Acute inflammation of the udder	12	4
Acute Mastitis	40	52
Suppuration of the udder	50	37
Comatose condition :	—	2
Septic condition of uterus	1	—
Any infection of the udder or teats which may convey disease	114	102
Emaciation due to Tuberculosis	118	86
Tuberculosis of the udder	72	56
	407	339

Milk and Dairies (Consolidation) Act, 1915.

The primary function of the routine veterinary inspection of dairy cattle is to detect animals whose milk may be a source of danger to the public, and there is no doubt that routine examinations, if carried out sufficiently frequently, will, for all practical purposes, achieve this object. It is obvious, however, that if it is only practicable to carry out such inspections at intervals of three months a small number of cows will, in the intervals between inspections, become affected with tuberculosis of the udder and be giving tuberculous milk.

The Milk and Dairies (Consolidation) Act of 1915 provides for a Medical Officer of Health taking samples of the milk on sale within his district and if tubercle bacilli are found in any of such samples he is required to endeavour to ascertain the source of supply and, having done so, to notify the Medical Officer of Health of the County in which the milk is produced.

During the past year twenty-three such notifications were received by the County Medical Officer and referred to me for investigation.

These reports were carefully investigated and all the cows in the respective herds were examined as were also all their milks for the presence of tubercle bacilli. Besides examining the cows in the herd at the time of the investigation, it is necessary to account for all the animals which comprised the herd at the date the infected sample was taken, usually some four to eight weeks previously. This is frequently a matter of considerable difficulty owing to several changes having taken place in the composition of the herd in the meantime. These disposals of animals are largely the result of wastage due to disease, much of which is not of public health importance. From reliable investigations which have been made it is found that the wastage of animals in ordinary dairy herds is very considerable and amounts to 20-25 per cent. per annum of the total number of animals in the herd. This wastage is due to three main causes :—

1. animals having diseases of the reproductive organs—sterility, and abortion, (approximately 20 per cent.) ;
2. other diseases—tuberculosis, udder disease, Johne's disease, etc. (approximately 38 per cent.) ;
3. old age, accident, low milk yield and trade, (approximately 42 per cent.)

It is, therefore, not always possible to examine all the animals which were present in the herd when the infected sample was taken.

As regards the twenty-three notifications received during 1935, the source of infection in fourteen cases was detected and the tuberculous animals slaughtered ; in five of these the diseased animals had been discovered on the occasion of the quarterly inspection of the respective herds which had been carried out some time prior to the receipt of the notifications. In the remaining nine cases all the cows in the respective herds were definitely proved not to be giving tuberculous milk ; in five of these several animals had been moved off the premises between the date the infected sample was taken and that on which the veterinary examination of the herd was carried out.

Tuberculosis.

The administration of the Tuberculosis Order, 1925, has continued to be one of the most important functions of the staff.

The Order requires that every person having in his possession or under his charge

(i) any cow which is, or appears to be, suffering from tuberculosis of the udder, indurated udder or other chronic disease of the udder ; or

(ii) any bovine animal which is, or appears to be, suffering from tuberculous emaciation ; or

(iii) any bovine animal which is suffering from a chronic cough and showing definite clinical signs of tuberculosis ;

shall, without delay, give information of the fact to a constable of the Police Force for the area within which the animal is, or to an Inspector of the Local Authority.

The Local Authority is required to investigate any such notification and cause to be slaughtered any animal suffering from tuberculosis of the udder or tuberculous emaciation or giving tuberculous milk or suffering from a chronic cough and showing definite clinical signs of tuberculosis.

The total number of bovine animals reported to the Police or to an Inspector of the Local Authority as suspected cases of tuberculosis was 88, of which 40 were diagnosed as not coming within the scope of the Order. The remaining 48 animals, together with 116 cases detected during the routine inspections of dairy herds—a total of 164 animals (comprising 146 cows-in-milk, 17 other cows or heifers and 1 other bovine animal)—were diagnosed by the Veterinary Staff to be suffering from tuberculosis. The forms of disease from which the animals were found to be suffering are classified below, together with the comparative figures for 1934 :—

	1934.	1935.
Giving tuberculous milk but showing no evidence of tuberculosis of the udder ..	—	—
Tuberculosis of the udder	73	59
Emaciation due to Tuberculosis	43	20
Suffering from a chronic cough and showing definite signs of Tuberculosis	107	85
	223	164

The distribution of the above cases was as follows :—

Sanitary District.	Parish.	No. of Animals.	
*BOROUGHS.			
Godalming	Godalming		5
URBAN DISTRICTS.			
Banstead	Banstead	3	
	Woodmansterne ..	1	
		—	4
Carshalton	Carshalton		1
Caterham & Warlingham ..	Chaldon	2	
	Woldingham	5	
		—	7
Chertsey	Chertsey		9
Coulsdon & Purley ..	Coulsdon		3
Dorking	Dorking	6	
	Micklcham	4	
	Milton	1	
		—	11
Egham	Egham	4	
	Thorpe	1	
		—	5
Epsom & Ewell	Epsom	2	
	Cuddington	4	
		—	6
Esher..	Cobham	2	
	Esher	1	
	Long Ditton	1	
	Stoke D'Abernon ..	3	
	Thames Ditton	2	
	West Molesey	1	
		—	10
Farnham	Farnham..		5
Frimley & Camberley ..	Frimley		7
Haslemere	Haslemere		1
Leatherhead	Great Bookham.. ..	1	
	Leatherhead	1	
	Little Bookham.. ..	1	
		—	3
Surbiton	Chessington	1	
	Hook	1	
		—	2
The Maldens & Coombe ..	New Malden		1
Walton & Weybridge ..	Walton		2
Woking	Byfleet	3	
	Horsell	1	
	Woking	1	
		—	5

* The Boroughs of Guildford, Kingston-on-Thames, Reigate, Richmond and Wimbledon are separate Local Authorities for the purposes of the Diseases of Animals Acts, and consequently particulars relating to these Boroughs are not given here.

Sanitary District.	Parish.	No. of Animals.	
RURAL DISTRICTS.			
Bagshot	Bisley	1	
	Chobham	3	
	Windlesham	1	
		—	5
Dorking & Horley	Abinger	2	
	Betchworth	1	
	Buckland	1	
	Charlwood	3	
	Headley	2	
	Horley	3	
	Leigh	1	
	Ockley	1	
	Wotton	2	
		—	16
Godstone	Bletchingley	2	
	Burstow	1	
	Chelsham	1	
	Godstone	1	
	Limpsfield	3	
	Lingfield	4	
		—	12
Guildford	Albury	1	
	Artington	1	
	Ash & Normandy ..	2	
	Compton	1	
	Effingham	1	
	Ockham	2	
	Pirbright	1	
	Ripley	4	
	Send	2	
	Shalford	1	
	Shere	1	
	St. Martha	1	
	West Clandon	3	
	Worplesdon	2	
		—	23
Hambledon	Alfold	4	
	Bramley	2	
	Busbridge	2	
	Chiddingfold	2	
	Cranleigh	1	
	Dunsfold	1	
	Ewhurst	1	
	Hambledon	1	
	Hascombe	1	
	Peper Harrow	2	
	Tilford	1	
	Witley	1	
	Wonersh	2	
		—	21
	Total		164

All these animals were slaughtered by order of the County Council; the post-mortem examinations showed that :—

85, or 51.83 per cent., were affected with advanced tuberculosis;

78, or 47.56 per cent., were affected with tuberculosis not advanced; and

1, or 0.61 per cent., was not affected with tuberculosis.

A further analysis of these various classes is as follows :—

	Not affected.	Not advanced.	Advanced.
Cows-in-Milk ...	—	71	75
Other Cows or Heifers ...	1	6	10
Other bovine animals ...	—	1	—
	1	78	85

In the following table the results of the post-mortem examinations are classified according to the forms of disease found to exist :—

	Tuberculosis of the udder or giving tuberculous milk.	Tuberculous emaciation	Otherwise affected with tuberculosis.	Not affected.	Total.
Cows-in-milk ...	71	9	66	—	146
Other Cows or Heifers	1	8	7	1	17
Other bovine animals	—	1	—	—	1
	72	18	73	1	164

Of the 85 animals found to be affected with advanced tuberculosis, 27 had been reported to the Local Authority in accordance with the Tuberculosis Order, and of the 78 animals found affected with tuberculosis, not advanced, 21 had been similarly reported.

Compensation.

The Tuberculosis Order requires that before the slaughter of a bovine animal coming within the scope of the Order takes place the "market value" thereof shall be agreed between the Local Authority and the owner of the animal. This is defined as the price which might reasonably have been obtained from a purchaser in the open market who had no knowledge of the existence or suspected existence in the animal of the symptoms of disease disclosed by the report of the Inspector under the Order, except such knowledge thereof as might reasonably have been obtained by inspection of the animal.

The amount of compensation actually payable depends on the result of the post-mortem examination. Where this examination shows that the animal was affected with non-advanced tuberculosis the compensation amounts to three-quarters of the market value; if affected with advanced tuberculosis then compensation is one-quarter of the market value. If the post-mortem examination does not show the presence of any lesions of tuberculosis the owner is paid full market value plus £1.

The compensation paid for animals slaughtered during 1935 amounted to £978 15s. 0d. compared with £1,130 17s. 6d. in 1934 and £1,154 5s. 0d. in 1933. The average amount of compensation per animal in each of these years was £5 19s. 4d., £5 7s. 2d., and £5 11s. 6d. respectively. Details of the compensation are as follows :—

	No. of Animals.	Total Compensation.			Average Compensation.		
		£	s.	d.	£	s.	d.
Not affected (full rate)							
1933	1	2	10	0	2	10	0
1934	2	15	10	0	7	15	0
1935	1	4	0	0	4	0	0
Not advanced (three-fourths rate)							
1933	69	720	0	0	10	8	8
1934	86	776	5	0	9	0	6
1935	78	721	10	0	9	5	0
Advanced (one quarter rate)							
1933	137	431	15	0	3	3	0
1934	123	339	2	6	2	15	1
1935	85	253	5	0	2	19	7

The carcases of all the animals slaughtered by order of the County Council are sold to Mr. F. Ling and Messrs. Lashmar Bros., Licensed Horse Slaughterers, the former serving approximately three-quarters of the County and the latter the remainder. The Contractors in their contracts with the County Council agree not to use or dispose of for human consumption any carcase or part of a carcase received by them under such contacts.

The practice of submitting for examination sputa from animals suspected to be suffering from pulmonary tuberculosis was continued, 53 specimens being so examined during the year, of which 25 were positive.

In addition to the foregoing, a further 10 cows were found to be affected with tuberculosis within the meaning of the Tuberculosis Order in the herds of cows in autonomous districts and these animals were slaughtered by the respective Local Authorities. The post-mortem examination of these animals showed that 7 of them were affected with "advanced" tuberculosis and 3 with "not advanced" tuberculosis.

Sampling of Milk.

During the year 451 samples of milk from individual cows were taken by the veterinary staff for examination as to the presence of tubercle bacilli; the following were the results of examination :—

	Positive.	*Negative.*	*Total.*
number of samples examined microscopically only	56	14	70
number of samples examined microscopically and biologically	15	365	380
number of samples examined biologically only	—	1	1
	71	380	451

The necessary steps were taken to dispose of the cows which had given the tuberculous milk, 55 of which were slaughtered by order of the County Council and ten by municipal borough councils. Six animals were sold for slaughter before the results of the tests were to hand, two carcases being totally condemned, and one partly condemned; in respect of the remainder no information could be obtained.

Of these 55 animals slaughtered at the instance of the County Council, 32 were suffering from advanced tuberculosis and 23 from non-advanced tuberculosis.

In addition to the above, 78 group samples of milk were taken in connection with the investigation of notifications of tubercle-infected milk received under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, to which reference has already been made. Two of these group samples were tuberculous and further sampling revealed the tubercular cows.

The examination of all the milk samples, as well as the sputa, was carried out at the Labaoratory of the Royal Surrey County Hospital, Guildford.

Milk (Special Designations) Orders, 1923 and 1934.

Under the above Orders licences are granted by the Ministry of Health to milk producers to sell milk produced by them under the special designations of "Certified" and "Grade A (Tuberculin Tested)" and by County and County Borough Councils to sell milk under the designation "Grade A." At the present time there are in Surrey 15 persons licensed to produce Certified milk and 21 licensed to produce Grade A (Tuberculin Tested) milk, increases of 3 and 8 respectively during the year. The following is a list of these producers :—

Certified Milk.

G. Bishirgian, Farm Place, Ockley.
J. C. Broomfield, Coldharbour Farm, Cranleigh.
Brig.-Gen. F. A. Buzzard, West Haxted Farm, Edenbridge.
Capt. A. H. Dixon, Gincox Farm, Oxted.
Hornby & Clarke, Petersham Meadows Farm, Richmond.
Earl of Iveagh, Guinness Dairy, Old Woking.
Brig.-Gen. F. C. More Molyneux, Loseley Park, Guildford.
Mrs. D. O'Callaghan, Oak Lane Farm, Newdigate.
K. R. Pool, Collickmoor Farm, Coldharbour, Dorking.
Major H. Rayne, Ponds Farm, Shere.
W. A. Thompson, Larkenshaw Farm, Chobham.
Mrs. E. E. Thornton, The Dairy Farm, Hampton, Seale.
Capt. E. H. Tuckwell, Berthorpe Farm, Puttenham.
B. W. A. Watney, Brookwood Corner, Holmwood.
Woodall & Napier, Acre Hill Farm, Chessington.

Grade A (Tuberculin Tested) Milk.

Mrs. M. Adcock, Grenehurst Park Farm, Capel.
Brooklands Estate Co., Brooklands Farm, Weybridge.
Sir John P. Brown, Broome Hall Farm, Holmwood.
Cobham Jersey Herd, Cobham Jersey Herd Farm, Cobham.
G. Coles, Winkford Farm, Witley.
G. Coles, Witley Park Model Dairy, Brook.
Lt.-Col. W. Elwes, Oakdale Farm, Ockley.
S. French, Walton Oaks Farm, Tadworth.
Capt. E. W. Goldsworthy, Moat Farm, Limpsfield.
Hon. A. E. Guinness, Holmbury House Farm, Holmbury St. Mary, Dorking.
G. de M. G. Hoare, Tilburstow Hill Farm, South Godstone.
Earl of Iveagh, Park Farm, Hoebridge, Old Woking.
Earl of Iveagh, Roundbridge Farm, Old Woking.
R. Malcolm, Walton Manor Farm, Walton-on-the-Hill.
A. S. Passmore, Tilsey Farm, Bramley.
H. D. Roberts, Hullers Farm, Beare Green, Dorking.
J. M. Rowland, Scotcher's Farm, Horsell Common, Woking.
F. R. Stovold, Hurtmore Farm, Godalming.
Mrs. E. Thornton, Shoclands Farm, Scale.
W. D. Vernon, Anningsley Park Farm, Ottershaw.
Woodall & Napier, Cowslip Farm, Mickleham, Nr. Dorking.

The Milk Marketing Board's scheme to form a roll of accredited milk producers has resulted in a considerable increase in the number of applications to the County Council for Grade A milk licences. Shortly, for a herd owner to become an accredited producer it is essential for him to obtain a Grade A milk licence from his local authority. Having become accredited he receives a bonus of 1d. per gallon for all the milk produced by him which is sold through the agency of the Milk Marketing Board.

Before being granted Grade A Licences it has been necessary for the majority of the applicants to effect alterations and improvements to their cowsheds and dairies, etc. These alterations have varied from minor work to the construction of entirely new premises. In many cases alterations to substantially built buildings have been carried out, *e.g.*, old barns have been renovated and made into excellent cowsheds with adequate light and ventilation and cubic capacity per animal. These improvements have mostly been carried out at comparatively little cost and the premises made as satisfactory as though they had been specially constructed for the purpose. In all cases means for the proper sterilization of the milk utensils are insisted upon. In one instance—really as a test case—an applicant appealed to the Ministry of Health against the decision of the County Council to refuse to grant a licence in the absence of such equipment. The Ministry dismissed the appeal.

In this County the investigation of applications for Grade A licences is carried out solely by the Veterinary Officers and not by several officials as is done in many other Counties. This policy has resulted in a large measure of uniformity throughout the County and there have been no serious complaints against the standard which is insisted upon. The co-operation of the officials of all the local sanitary authorities in the County has been obtained and this has been of great (and appreciated) assistance in the investigation of the applications.

At the 31st December, 1935, there were 262 persons in Surrey holding Grade A licences, which represents approximately 25 per cent. of the total number of milk producers in the County.

Arrangements have been made whereby "surprise" samples of milk are taken from each licensee at approximately two-monthly intervals. These samples have been, with few exceptions, well up to the standard of cleanliness required by the Order. 618 such samples were taken during the year and in only one instance was the bacterial count of 200,000 per c.c. exceeded. In 23 instances coliform bacilli were present in 1/100th of a c.c.

There is no doubt that the Milk Marketing Board's scheme to form a roll of accredited milk producers and the subsequent increase in the number of Grade A milk licensees in the County has resulted

in a considerable impetus to the production of clean milk. During the winter months particularly, it has been noted that milk cows have been kept much cleaner than formerly and more attention has been paid to their grooming and to their general cleanliness before being milked.

The following table shows the distribution by sanitary districts of the numbers of milk producers in the County who were licensed on the 31st December, 1935, either by the Ministry of Health or the County Council, to produce officially designated milks under the above Orders :—

Sanitary District.	No. of licences granted to produce		
	Certified Milk.	Grade A (T.T.) Milk.	Grade A Milk.
BOROUGHS.			
Godalming	—	—	2
Guildford	—	—	12
Reigate	—	—	5
Richmond..	1	—	1
URBAN DISTRICTS.			
Banstead	—	2	2
Carshalton	—	—	2
Caterham & Warlingham	—	—	4
Chertsey	—	1	5
Dorking	—	—	8
Egham	—	—	2
Epsom & Ewell	—	—	3
Esher	—	1	7
Farnham	—	—	4
Frimley & Camberley	—	—	2
Haslemere	—	—	1
Leatherhead	—	—	2
Merton & Morden	—	—	1
Surbiton	1	—	4
Walton & Weybridge	—	1	1
Woking	1	3	9
RURAL DISTRICTS.			
Bagshot	1	—	3
Dorking & Horley	4	5	32
Godstone	2	1	30
Guildford	4	1	55
Hambledon	1	3	65
Totals	15	18	262

The number of cows in the above-mentioned officially designated herds was 8.751, of which 568 were in "Certified," 459 in "Grade A (Tuberculin Tested)" and 7,724 in "Grade A" herds. Over 41% of the total cows in Surrey were, therefore, producing officially graded milks.

INSPECTION AND SUPERVISION OF FOOD.

Food and Drugs (Adulteration) Act, 1928.

The number and kind of samples analysed during the year 1935 under the Food and Drugs (Adulteration) Act are shown in the following table :—

Articles.	Number of samples analysed.	Number genuine.	Number adulterated.	Prosecutions.	Convictions.
Milk	1,921	1,745	176	28	25
Cream	70	68	2	—	—
Butter	24	23	1	—	—
Margarine	3	2	1	—	—
Cheese	8	8	—	—	—
Meat	40	40	—	—	—
Tea	1	1	—	—	—
Coffee	1	1	—	—	—
Flour	7	7	—	—	—
Sugar	1	1	—	—	—
Confectionery and Jam	6	6	—	—	—
Sausages	45	43	2	1	—
Beer	4	4	—	—	—
Spirits	38	36	2	—	—
Drugs	60	56	4	—	—
Other Articles ...	157	143	14	1	1
Totals ...	2,386	2,184	202	30	26

RIVERS AND STREAMS.

The work of the Public Health Committee in connection with the rivers and streams falls into two main headings :—

(a) maintenance and improvements, and
(b) prevention of pollution.

The engineering duties of the Committee are confined to the River Wandle, the Beverley and Pyl Brooks, and the Hogsmill River. The Committee's duties in regard to pollution cover all the rivers in the County.

The Thames Conservancy also have special powers with respect to the pollution of those parts of the rivers flowing into the Thames which are under their jurisdiction.

Engineering Services.

In this connection the Committee is advised by the County Engineer, who has a Drainage Section in his Department.

Pollution of Streams.

Systematic periodical inspections and examinations of the rivers in the County are made with the object of preventing pollution. A large number of samples were taken for analysis. Several sources of pollution were discovered in this way and were stopped amicably after representations to the offending persons or Companies.

HOUSING.

The following table gives the number of houses erected in each sanitary district during 1935, the number in course of erection at the end of the year, and the number of inhabited houses on the rate books at 31st December, 1935 :—

SANITARY DISTRICT	By Local Authorities under assisted schemes.			Houses erected in the district by other Local Authorities.	By Private Persons.		By Public Utility Societies.		Total.		Inhabited Houses on Rate Books at 31/12/1935.
	Houses erected during year 1935.	Houses in course of erection at end of 1935.	Houses erected during 1935 under Non-assisted schemes.		Houses erected during year 1935.	Houses in course of erection at end of 1935.	Houses erected during year 1935.	Houses in course of erection at end of 1935.	Houses erected during year 1935.	Houses in course of erection at end of 1935.	
Urban											
1 Banstead	3	9	—	—	599	332	—	—	602	341	6,187
2 Barnes (M.B.)	33	16	—	—	109	152	—	—	142	168	10,837
3 Beddington and Wallington	—	—	—	—	379	260	—	—	379	260	8,330
4 Carshalton	38	—	—	1,569	360	282	—	—	1,967	282	14,464
5 Caterham and Warlingham	7	—	—	—	291	185	—	—	298	185	5,449
6 Chertsey	—	—	—	—	347	302	—	—	347	302	4,959
7 Coulsdon and Purley ...	—	—	—	—	1,041	264	—	—	1,041	264	13,861
8 Dorking	—	34	—	—	166	55	—	—	166	89	4,730
9 Egham	3	—	—	—	167	79	—	—	170	79	4,938
10 Epsom and Ewell... ...	—	12*	—	—	1,680	900	—	—	1,680	912	11,077
11 Esher	—	38	—	—	532	481	—	—	532	519	10,100†
12 Farnham	—	—	—	—	231	37	—	—	231	37	5,514
13 Frimley and Camberley ...	—	—	26	3	141	46	—	—	170	46	3,985
14 Godalming (M.B.)	—	—	32	—	69	12	—	—	101	12	1,928
15 Guildford (M.B.)	—	—	—	—	431	176	—	—	431	176	9,881
16 Haslemere	—	—	16	—	19	6	—	—	35	6	1,336
17 Kingston-on-Thames(M.B.)	24	—	—	—	608	150	—	—	632	150	10,047
18 Leatherhead	—	—	—	—	359*	40	—	—	359*	40	5,169
19 Maldens and Coombe ...	—	—	—	—	907	350	—	—	907	350	9,890
20 Merton and Morden ...	3	—	—	27	721*	411*	—	—	751*	411*	15,300†
21 Mitcham (M.B.)	72	—	—	—	680	86	—	—	752	86	15,580
22 Reigate (M.B.)	—	—	100	—	315	182	—	—	415	182	9,086
23 Richmond (M.B.)	16	92	—	56	273*	195*	—	—	345*	287*	9,395
24 Surbiton	56	26	—	—	883	429	—	—	939	455	12,007
25 Sutton and Cheam (M.B.)...	68	—	—	—	1,332	330	—	—	1,400	330	19,206
26 Walton and Weybridge ...	—	18	—	—	324	82	—	—	324	100	7,994
27 Wimbledon (M.B.)... ...	—	—	—	—	190*	180*	—	—	190*	180*	15,000†
28 Woking	—	44	—	—	305	110	—	—	305	154	9,458
Total	323	289	174	1,655	13,459	6,114	—	—	15,611	6,403	255,708
Rural.											
1 Bagshot	—	—	—	—	89	41	—	—	89	41	3,183
2 Dorking and Horley ...	—	—	—	—	286	115	—	—	286	115	5,565
3 Godstone	10	47	—	—	86	10	28	—	124	57	6,974
4 Guildford	40	8	—	—	366	40	—	—	406	48	9,037
5 Hambledon	—	—	—	—	183	84	—	—	183	84	6,851
Total	50	55	—	—	1,010	290	28	—	1,088	345	31,610
Administrative County ...	373	344	174	1,655	14,469	6,404	28	—	16,699	6,748	287,318
Totals for 1934 ...	545	293	—	1,732	14,659	6,219	24	8	16,960	6,520	273,887

* Including flats. † Estimated.

REFUSE DUMPS.

During the year six applications were received for the consideration of the County Council under Section 94 of the Surrey County Council Act, 1931.

Of these five were approved and the "controlled tipping" requirements recommended by the Ministry of Health were made the conditions on which approval was granted. The remaining application was rejected both by the County Council and by the Council of the district in which the refuse was proposed to be tipped.

MINISTRY OF HEALTH INQUIRIES.

During the year the following public inquiries were held by the Ministry of Health; an officer of the Public Health Department was present at each inquiry.

MINISTRY OF HEALTH INQUIRIES.

HELD 1ST JANUARY, 1935, TO 31ST DECEMBER, 1935.

Date.	Local Authority.	Amount.	Purpose.	Remarks.
		£		
9/1/35	Godalming M.B.	4,800	Works of Sewerage	Approval of Ministry of Health obtained and several sections of the work completed.
8/3/35	Richmond M.B.	3,300	To defray the cost of works of water supply, including the sinking of a well on Ham Common	Work completed.
26/3/35	Walton & Weybridge U.D.	11,000	Purchase of land for Burial Ground purposes	Completed.
5/4/35	Kingston M.B. and The Maldens and Coombe U.D.	—	Approval of certain land for Burial Ground purposes	Approved.
24/7/35	The Maldens & Coombe U.D.	16,000	Works of surface water drainage, including works in Surbiton U.D.	Scheme approved and work commenced December, 1935.
4/10/35	Chertsey U.D.	47,000	Works of sewerage and sewage disposal	The approval of the Minister was obtained but as the lowest tender for the work was in excess of the loan, another application to the Minister was made.
16/10/35	Croydon C.B.	79,000	Works at the Beddington Sewage Disposal Works	The Minister requested further tenders in connection with this scheme but at the end of the year these had not been received.
18/12/35	Sutton & Cheam M.B. ...	17,300	Works of sewerage	Awaiting decision of Ministry of Health.

PREFACE.

This report is concerned with the work of the School Medical Service for the year 1935 and as in the past few years, the details of schemes which have been in operation for many years and which remain unchanged, have been omitted.

Particulars are given of the medical and dental inspections and of the following-up and treatment of school children. The usual tables are included in the text or shown separately at the end of the report.

Since 1930 reference has been made each year to the increasing school population in the County ; this year again a further increase in school population has to be recorded, and the Committee is now responsible for the medical and dental inspection and treatment of close upon 100,000 children in the Secondary and Elementary Schools. This increase in school population has made it necessary to augment the medical, dental and nursing staffs.

In the Elementary Schools the net increase for the year was 3,473, the number on the books on the 31st December, 1935, being 87,504, as compared with 84,031 on the 31st December, 1934.

At the routine medical inspections in the Elementary Schools, 27,638 children were examined and in the Secondary Schools, 6,179. There were also 8,988 special examinations of Elementary School children, and 326 of Secondary School pupils. In addition, the Assistant Medical Officers carried out 11,160 and 928 re-examinations of Elementary School children and Secondary School pupils respectively. These re-examinations were of children found at routine medical inspections to have some defect for which treatment was recommended, or for which they were being kept under observation.

The number of children found at routine medical inspections to be in need of treatment for defects or diseases (other than dental caries and uncleanliness) was 9 per cent. of the total examined. This figure is not far different from the percentage figure of 8.79 recorded last year, which was the lowest figure on record.

Of the defects discovered at medical inspections during the year, 72.4 per cent. had been treated by the end of the year. A survey of the results of following-up shows that 91.9 per cent. of the children received before leaving school the treatment recommended.

In the Secondary Schools the percentage of children found to be in need of treatment was 8.41 ; the corresponding figure for last year was 6.69. This increase was due in the main to an increase in the number of pupils referred for defects of vision.

In the Elementary Schools the dental surgeons inspected 74,658 children, of whom 47,111, or 63.1 per cent. as compared with 61.7 per cent. in 1934, were found to be in need of treatment. By the end of the year 23,926 children (or 50.7 per cent.) had received treatment at the dental clinics, although 3,023 children (or 6.4 per cent.) had not completed their treatment.

The dental surgeons also inspected 9.399 pupils at Secondary Schools, of whom 4,916 (or 52.3 per cent.) were referred for treatment. At the end of the year 1,745 pupils (or 35.5 per cent.) had received treatment at the dental clinics, which in 332 pupils (or 6.7 per cent.) was not completed.

At the routine medical inspections the parents of 64 per cent. of the children responded to the invitation to be present, as compared with 61.7 per cent. last year. The large number of parents attending the " Entrants " Examination is noticeable—82.1 per cent. of the children in this age group were accompanied by their parents at the examination.

There were 100 refusals to submit children to medical examination. Of these, 39 were afterwards either withdrawn, or the child was examined and the inspection schedule completed by the family physician.

The number of departments now taking milk under the scheme of the Milk Marketing Board is 364.

During the Spring Term the Committee's scheme for the provision of milk meals in Elementary Schools was commenced. Subject to the principles laid down by the Education Committee children certified by the School Medical Officer to be incapable on account of lack of food of receiving full benefit from the education provided receive milk in school either free or at half cost.

The Medical Officers have specially examined approximately 1,300 children in order to ascertain their fitness to undertake employment, either before or after school hours or to take part in entertainments.

I wish to acknowledge very gratefully the help which has been given by my staff, both professional and clerical.

J. FERGUSON,

School Medical Officer.

County Hall,
Kingston-upon-Thames.

23rd April, 1936.

AREA AND POPULATION.

The Surrey Education Committee is responsible for Higher Education in the whole of the Administrative County and for Elementary Education in the same area with the exception of the Municipal Boroughs of Guildford, Kingston, Reigate, Richmond and Wimbledon.

The estimated population of the Administrative County in mid-year 1935 was 1,088,400, being an increase of 40,650 during the year, and that of the Elementary Education area 878,910, an increase since last year of 38,850.

ASSOCIATION OF DUTIES.

The School Medical Officer is also the County Medical Officer of Health and the Medical Officer to the Mental Hospitals and Public Assistance Committees. This association of duties under one head allows the closest co-operation to be maintained between all the departments concerned with the health of the child. Actually the administrative personnel of the School Medical Service is merged in that of the Public Health Department.

STAFF.

The number of Assistant Medical Officers remained unchanged, but two additional Dental Surgeons and two Dental Attendants were appointed during the year. At the end of the year the Staff consisted of :—

17 Assistant Medical Officers.
14 Full-time and 1 part-time Dental Surgeons.
7 Dental Attendants.

In December the Committee decided to recommend the Council to appoint a full-time Ophthalmic Specialist, two additional full-time Medical Officers, one additional full-time Dental Surgeon, three additional Health Visitors and one additional full-time Dental Attendant to take up duties early in the next financial year. The increases in the Medical, Dental and Health visiting staff were made necessary by the continued increase in the school population, chiefly in the mid-eastern area of the County.

ELEMENTARY SCHOOLS.

(*a*) *Numbers and Attendances.*—At the end of the year there were in the Elemenatry area of the County 302 Public Elementary Schools having 428 departments—an increase of 4 schools and 14 departments since 1934. Of these 166 were provided schools and 136 non-provided. On the 31st March, 1935, there were 85,759 children on the registers, 228 being under five years of age. The average attendance for the school year was 74,703, or 89.03 per cent. The number of children on the registers on the 31st December, 1935, was 87,504, an increase of 3,473 over the corresponding return on December 31st, 1934.

(*b*) *School Hygiene.*—During the year the Assistant Medical Officers have inspected school premises and any conditions which, in their opinion, appear to need attention have been reported to the Chief Education Officer.

MEDICAL INSPECTION.

Routine medical inspections have been carried out in the three age groups prescribed by the Board of Education, and on the same lines as in previous years. The special examinations of children of all ages and the re-examination of children with defects discovered at previous routine inspections have also been undertaken.

The health records of children who have attended Infant Welfare Centres are available for the Medical Officer at the routine inspection of the " entrants " age group. The Medical Officers of Health of areas autonomous for maternity and child welfare forward similar information to the School Medical Officer in the case of children on attaining the age of five who have attended child welfare centres in their districts.

The Public Health Committee has approved a scheme for the voluntary medical inspection within the Council's Maternity and Child Welfare area of children of pre-school age at the ages of 2, 3 and 4 years. The records of these inspections will also be available at the time of the first school medical inspection. If, as is hoped, full advantage is taken of this scheme, the number of defects found at the medical inspection of the " entrants " group should be appreciably lessened.

Parents are invited to attend at the Routine Medical Inspections and during the year 17,649 parents were present. The response is particularly good when the younger children are being examined. Actually, 8,250 parents attended the inspection of the 10,041 children in the " entrants " age group.

Table I. shows the number of children examined in the various age groups.

DISEASES AND DEFECTS.

Of the 27,638 Elementary School children examined at routine medical inspections, 2,491, or 9 per cent., were found to be suffering from diseases or defects (not including dental caries and un-

cleanliness) sufficiently serious to require some form of treatment. The following table gives the percentage figures for the years since 1926 in Surrey and England and Wales respectively, and it will be observed that in Surrey the total number of defects found at routine inspections to be in need of treatment has remained about the same low level for the past four years :—

Year.	*County of Surrey.*	*England and Wales.*
1926	18.7	20.1
1927	18.4	20.6
1928	17.5	20.7
1929	16.7	20.8
1930	13.6	20.9
1931	12.1	20.0
1932	9.57	18.8
1933	9.75	17.3
1934	8.79	17.3
1935	9.0	—

Table II. shows the defects and diseases found at routine and special inspections.

At the routine inspections 2,491 children were found with 2,694 defects which required treatment. Of these defects, 1,798 (or 66.6 per cent.) were defects either of vision or of the nose or throat.

The number of children recommended for treatment on account of defective vision and/or squint in the " intermediates " group was 331 (or 3.82 per cent.) and in the " leavers " group 476 (or 5.3 per cent.).

The number of children examined as " entrants " and found to be in need of treatment for chronic tonsillitis and/or adenoids was 480 (or 4.78 per cent.) as compared with 268 (or 3.09 per cent.) in the " intermediates " group and 108 (or 1.21 per cent.) in the " leavers " group.

The following table gives the number of cases of chronic tonsillitis, adenoids, and chronic tonsillitis and adenoids, recommended for treatment or observation at the routine medical inspection of the " entrants," " intermediates " and " leavers " groups respectively.

CHRONIC TONSILLITIS, ADENOIDS, AND CHRONIC TONSILLITIS AND ADENOIDS.

DEFECTS DISCOVERED AT ROUTINE MEDICAL INSPECTIONS RECOMMENDED FOR TREATMENT OR OBSERVATION.

Year.	Age Groups.											
	Entrants.				Intermediates.				Leavers.			
	Treatment.		Observation.		Treatment.		Observation.		Treatment.		Observation.	
	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
1927	724	10.33	1139	16.25	525	9.08	675	11.69	353	4.97	447	6.29
1928	657	9.25	1133	15.95	625	7.09	1235	14.01	331	4.80	611	8.85
1929	571	7.92	1103	15.30	559	7.35	923	12.12	224	4.52	413	8.33
1930	495	6.89	1084	15.10	349	4.67	823	11.01	143	2.78	347	6.74
1931	597	7.4	1168	19.84	317	4.15	876	11.19	107	1.64	424	6.42
1932	350	4.18	1090	13.0	278	3.47	877	10.92	226	2.33	615	6.33
1933	374	4.32	1209	13.98	180	2.25	858	10.76	104	1.16	514	5.75
1934	365	3.98	1246	13.60	243	2.94	948	11.48	101	1.15	539	6.15
1935	480	4.78	1459	14.45	268	3.09	989	11.42	108	1.21	509	5.69

Each year from 1929 there has been a steady fall in the number of cases of chronic tonsillitis and/or adenoids recommended for operative treatment, but this year there is a small increase (.8 per cent.) in the number of children in the " entrants " group found to require operative treatment. There has been no change of practice during these years in the selection of the cases for operative treatment ; in the absence of clear indications to the contrary, operation is usually deferred and a prolonged trial of other means of treatment is recommended.

FOLLOWING UP.

The arrangements for the following up of children recommended to obtain treatment for defects discovered at medical inspection continue to give good results. Re-examination of children found

previously to need treatment or observation is undertaken by the Assistant Medical Officers in the schools. The Health Visitors visit the parents of children in those cases where the advice given by the school doctor is not being followed.

The Assistant Medical Officers have carried out 11,160 re-examinations during the year, whilst Health Visitors paid 6,861 visits to the homes of children regarding recommendations made at medical inspections—an increase of 1,256 visits over those of last year.

The measure of success of the "follow-up" system is shown by the fact that of 9,533 defects in need of treatment discovered during the year, 6,909 (or 72.4 per cent.) had been treated by the end of the year.

A review of the results during the last ten years from 1925 to 1934 shows that 90,309 (or 91.94 per cent.) had been satisfactorily treated by the end of December, 1935, out of a total of 98,224 defects discovered in those years.

Year.	No. of defects in need of treatment.	Total No. of cases treated during the year, including cases discovered during the year and those discovered during previous years.
1925	9,455	6,942*
1926	10,491	9,668
1927	11,865	10,731
1928	12,473	11,491
1929	10,338	9,347
1930	9,193	9,165
1931	8,455	7,814
1932	7,663	7,231
1933	9,435	8,744
1934	8,856	7,795
1935		1,381†

* This figure refers only to those defects discovered and treated during the year 1925.
† The figure refers only to defects treated during 1935, but which were discovered during the previous years.

MALNUTRITION.

The Board of Education have requested that the nutrition of children inspected during the year in the routine age groups should be classified in one or other of the following four categories, viz. :—

(*a*) Excellent.
(*b*) Normal.
(*c*) Slightly sub-normal.
(*d*) Bad.

The following table gives the number and percentage in each category for each of the age groups inspected during the year :—

Age Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly sub-normal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	10,041	1,174	11.69	8,382	83.47	473	4.71	12	0.11
Second Age Group	8,657	784	9.05	7,506	86.70	363	4.19	4	0.05
Third Age Group	8,940	1,134	12.69	7,309	81.75	478	5.35	19	0.2
Other Routine Inspections ...	—	—	—	—	—	—	—	—	—
Total	27,638	3,092	11.18	23,197	83.92	1,314	4.75	35	0.13

Reference is made later in the report to the provision of meals for school children and to the voluntary arrangements for the supply of milk in schools.

CLEANLINESS.

The systematic inspection of the persons and clothing of the children in Elementary Schools is carried out by the Health Visitors at the beginning of each term, and subsequent visits are made to ascertain whether the condition of any children found to be verminous or dirty has been improved. The Health Visitors reported 4,534 (or 5.2 per cent.) of the number on the roll as having verminous heads or bodies or nits in the hair.

The following table gives the comparable figures for the years since 1927 :—

	1927	1928	1929	1930	1931	1932	1933	1934	1935
Number of visits to schools by nurses	11,260	11,318	12,745	13,546	11,914	12,454	12,477	13,579	14,326
Cases with nits in the hair ..	23,319	21,935	21,723	20,877	24,866	20,467	20,040	18,670	17,361
Cases with lice in the hair ..	2,324	2,688	2,210	2,291	2,062	1,549	1,748	1,471	1,199
Cases with verminous bodies	217	168	148	245	98	76	51	42	26
Exclusions—									
1st time	1,195	1,040	1,213	1,557	1,388	1,294	1,271	1,071	1,221
2nd time	328	401	380	409	327	409	336	342	451
3rd time	88	198	162	159	123	220	159	247	243

It was not necessary to send any children to the Barnes Cleansing Station during the year.

Thirty-three parents were prosecuted for failing to send their children to school ; these were cases where the children had been excluded from school on account of their being in a dirty or verminous condition. Twenty-four parents were fined, and nine cases were either withdrawn or adjourned in consequence of an improvement having been effected.

MEDICAL TREATMENT.

There are now twelve clinics owned by the County Council and used for the County Health services. No new clinics were built during the year, but certain alterations have been made in clinic accommodation, and four new dental clinics have been established.

(*a*) *Carshalton.*—Rooms in Stanley Park Road owned by the District Council have been rented and equipped as a Dental Clinic.

(*b*) *Cheam.*—A Dental Clinic has been established in premises at the Parochial Church Rooms.

(*c*) *Godalming.*—The Borough Council has offered the County Council a site for a clinic on land centrally situated, and the erection of this clinic will be proceeded with as soon as the site is available.

(*d*) *Mitcham.*—Arrangements have been made with the Mitcham Borough Council for the tenancy of their Maternity and Child Welfare premises in Meopham Road for two sessions a week, and for the use of their premises in Cavendish Road for one session a week for Dental Clinics.

(*e*) *Merton.*—The Council has approved the acquisition of a site for a new School Clinic in this area. The premises would be available, by arrangement, for use by the Urban District Council for their Maternity and Child Welfare Services. In view, however, of the scheme contemplated by the London County Council for building in the Morden Park district, the purchase of a site has been deferred for the present.

(*f*) *Molesey.*—Premises previously occupied by the Molesey Urban District Council have been leased and adapted for clinic purposes. The Public Assistance Committee use the rooms on certain days, and share the cost. The new premises are in substitution for those previously occupied in the Methodist Church Rooms.

(*g*) *Stoneleigh.*—Part of Ewell Court House has been leased from the Epsom and Ewell Urban District Council, and arrangements for its conversion for clinic purposes have been completed. It is expected that the new clinic will be ready for occupation about the end of June, 1936.

In two areas autonomous for Maternity and Child Welfare the County Council Clinics are lent to the Local District Councils for their Maternity and Child Welfare Services. In three autonomous areas the School Medical services are accommodated in the buildings used by the District Council for their Maternity and Child Welfare services. In five districts the clinics are held on school premises, and in 62 districts accommodation is hired for the purpose. There are 77 minor ailments clinics in all ; in 50 of the more rural parts of the County these are held immediately before the Maternity and Child Welfare sessions, a plan which is convenient to many mothers and which also economises the time of the medical and nursing staff.

When defects which appear to need treatment are discovered at medical inspections parents are advised in the first instance to consult their own doctor. Where parents for any reason are not

able to obtain treatment arrangements are made for the child to attend the School Clinic, a Hospital or an Orthopædic Centre.

Table IV. (Group 1) includes the return of minor ailments treated at the General Medical Clinics.

The following table gives the attendances at minor ailments clinics during the year :—

Disease.	First Attendance.	Second and Subsequent Attendances.
Ringworm, head	56	145
Ringworm, body	77	123
Scabies	119	266
Impetigo	1,175	1,996
Minor injuries	1,352	1,710
Other skin diseases	1,978	2,154
Ear disease	696	1,294
Eye disease	1,265	597
All other minor ailments	7,642	5,086
	14,360	13,371
Total	27,731	

These figures show a total increased attendance of 2,544 over the total attendances for the previous year, which were 25,187.

(i) *Chronic Tonsillitis and Adenoids.*—Operative treatment is undertaken under the Education Committee's scheme at 32 General and Cottage Hospitals, the Wilson Hospital, Mitcham, having been added during the year to the list of approved hospitals ; the scheme described in previous Annual Reports has not been altered in any essential particular. The treatment of chronic tonsillitis and adenoids undertaken during the year under the Committee's scheme and otherwise is recorded in Table IV. (Group 3), in three main groups.

Of the 1,475 operations performed, 1,277 (or 86.5 per cent.) were for the removal of both tonsils and adenoids. The figures in the following table illustrate the gradual decrease since 1929 in the percentage of cases treated by operation.

School Year ended March.	School Population (Average Attendance).	Nos. treated under Local Authority's Scheme.	Percentage.
1924—1925	52,741	1,209	2.27
1925—1926	53,390	1,664	3.09
1926—1927	54,148	1,888	3.48
1927—1928	55,626	2,304	4.14
1928—1929	55,652	2,321	4.17
1929—1930	58,174	2,085	3.58
1930—1931	60,275	2,114	3.50
1931—1932	65,992	1,737	2.62
1932—1933	70,095	1,613	2.30
1933—1934	73,264	1,101	1.50
1934—1935	74,703	1,178	1.57

(ii) *Defective Vision.*—Table IV. (Group 2) gives an analysis of the treatment provided for visual defects. The total number of attendances at the 27 Eye Clinics was 9,025. The number of attendances during the previous year was 8,870.

In consequence of the increase in the number of children at the Elementary Schools, the increased use of the Eye Clinics by pupils from Secondary Schools and an increase in the number of pre-school children referred for examination by the Ophthalmic Surgeon, and of the work under the Blind Persons Act, the Council has agreed to the appointment of a full-time Ophthalmic Specialist and also to the employment of one or more part-time specialists. These appointments will be made early in the next financial year.

The Committee continued for another year their grant to the Royal Surrey County Hospital in respect of the clinic established by the Hospital for the orthoptic treatment of squint. During the year, 5 children made 192 attendances in all.

(iii) *Dental Defects.*—Of the 47,111 children (routine and special inspection) referred for treatment, 23,926 (or 50.7 per cent.) had been treated at the Clinics by the end of the year, as compared with 48.0 per cent. in 1934. Although the full effect of the two additional Dental Surgeons appointed during the year could not be felt until the autumn, it became evident that additional staff would be necessary to meet the continued growth of population, and the Committee recommended that one full-time Dental Surgeon should be added to the staff in the next financial year. New Clinics were opened in Carshalton, Cheam and Mitcham (2) in consequence of the increase in dental work in those districts.

The work in the dental areas is arranged so that approximately two sessions per week are available for inspections, and the remaining nine sessions are allotted to treatment.

The following table shows the arrears of work in all the Dental Clinics at the end of 1935, together with the comparable figures for the years since 1930 :—

Year.	Number of Children.		Work required to be done.			
			Elementary.		Secondary.	
	Elementary.	Secondary.	Fillings.	Extractions.	Fillings.	Extractions.
1930	6302	1005	7518	8934	1699	534
1931	4941	409	5559	6189	605	321
1932	4389	326	4956	6051	532	118
1933	4722	390	5087	6072	594	134
1934	5550	237	6477	6801	367	76
1935	5556	336	7227	7587	612	164

In 1933 the Dental Board of the United Kingdom gave lecture-demonstrations in ten schools in the County, during two weeks. The propaganda work undertaken by the Dental Board is designed to stimulate and develop the interest of the children in the care of their teeth. The measure of success of the demonstrations was shown by an increase in the number of children from these schools accepting dental treatment, over the number in 1932.

During this year arrangements were made for the Dental Board to give similar lecture-demonstrations for a period of one month in the under-mentioned schools :—

Merton C.E. Central Boys.
Merton C.E. Central Girls.
Raynes Park C. Boys.
Raynes Park C. Girls.
St. Helier No. 1 Central Girls.
St. Helier No. 2 Central Boys.
Beddington and Wallington, Bandon Hill Central.
Carshalton, West Central Boys.
Coulsdon and Purley, Smitham Central.
Horley, Lumley Road Central.
Leatherhead Central.
Barnes, Mortlake Central Boys.
Barnes Central Boys.
Barnes, Mortlake Central Girls.
Surbiton, Tolworth Central Boys.
Surbiton, Tolworth Central Girls.
St. Helier No. 6 Central Boys.
St. Helier No. 6 Central Girls.
St. Helier No. 7 J.M.
St. Helier No. 3 Central Boys.
St. Helier No. 4 Central Girls.

As the later demonstrations were not given until December, it is not yet possible to assess the results of these demonstrations.

The Dental Surgeons take full advantage of the presence of parents at inspections or in treatment clinics to interest them in the care of the children's teeth. A considerable number of parents do attend the dental inspections and the informal and personal talks on these occasions are found to serve as valuable propaganda.

(iv) *Tuberculosis.*—Table VII. shows the number of children who received treatment under the Tuberculosis Scheme of the Council, 152 in all. These are children in whom definite signs of tuberculosis have been discovered and they are maintained in sanatoria by the Public Health Committee.

(v) *Ringworm.*—No change has been made in the arrangements for the X-ray treatment of this disease. 21 cases were treated by X-ray during the year.

(vi) *Heart Disease.*—119 cases of organic heart diseases were found at routine medical inspections. 7 of these cases (or .025 per cent. of those examined) were referred for treatment and 112 (or .405 per cent.) were kept under observation. The corresponding percentage figure for the whole country during the year 1934 was :—

Referred for treatment ... ... 0.16 per cent.
Referred for observation ... ... 0.35 per cent.

25 children suffering from serious heart lesions and recommended for special treatment have been admitted to residential special schools. Arrangements have been made for two children to attend the day special school in the Borough of Kingston. Children with heart affections who are able to attend the ordinary Elementary Schools, are medically examined from time to time, and school games and exercises are regulated according to their fitness.

Rheumatism.—At the routine medical inspection 233 children were found to be suffering with rheumatism :—16 were referred for treatment and 217 were placed under observation. Three children suffering with rheumatism in whom it was feared that heart lesions might develop were admitted to the Invalid Children's Aid Association Home at West Wickham.

EXCEPTIONAL CHILDREN.

A register is kept at the Central Office of all children ascertained to be blind, deaf, epileptic, and physically or mentally defective. New cases are added to the register as they are reported by the Assistant Medical Officers or Health Visitors. Since 1931, the Education Committee has been responsible for the blind, deaf and epileptic children previously maintained in special schools by the Public Assistance Committee.

(i) *Crippled Children.*—The only change in the scheme for the treatment of children with crippling defects described in previous Annual Reports is that the Weybridge Cottage Hospital has, with the approval of the Board of Education, been added to the list of Institutions to which children can be admitted for minor operative treatment. The following table gives particulars of the orthopædic centres approved by the Board of Education and the number of children treated during the year :—

Centres.	Orthopaedic Surgeon	Number of	
		Children Treated.	Treatments.
Croydon, The General Hospital ..	Mr. Alan H. Todd, M.S., F.R.C.S. ..	83	698
East Grinstead	.. ..	3	54
Guildford, Royal Surrey County Hospital	Mr. St. J. Dudley Buxton, F.R.C.S. ..	35	208
	Mr. Philip Wiles, F.R.C.S.		
Kingston, Red Cross Curative Post, Victoria Cottage Hospital	Mr. D. McCrae-Aitken, F.R.C.S.	329	9,079
	Mr. W. H. Ogilvie, F.R.C.S.		
	Mr. A. T. Fripp, F.R.C.S.		
Merton, The Nelson Hospital	Mr. R. Paton, F.R.C.S.	125	2,224
Woking, Red Cross Curative Post, Boundary Road	Mr. L. H. F. Walton, M.R.C.S.	143	2,613
Weybridge, Locke-King Clinic ..	Mr. Ronald Furlong, F.R.C.S.	93	763
Aldershot and Farnborough	Mr. P. Maynard Heath, F.R.C.S.	5	39
Farnham	.. ..	3	114
	Totals	819	15,792

The number of children attending Orthopædic Centres as out-patients shows an increase of 68 over the number who attended last year : the total attendances are increased by 824 over the total recorded last year.

Thirteen children were admitted for short periods to the Nelson, Croydon, Guildford and Weybridge Hospitals for minor operative treatment, and in addition two children received minor operative treatment in the out-patient department of the Croydon Hospital.

At the end of the year, 70 children were in residence in Certified Special Schools for Cripples ; this is the same number as that reported at the end of last year.

(ii) *Blind.*—7 blind and 24 partially sighted children were in special schools at the end of the year (23 at residential schools and 7 at day special schools of the London County Council and one at the Croydon Borough Special School), an increase of 2 over the number reported last year.

The following table shows the number of blind and partially blind children attending special schools at the end of each year from 1923 to 1935 inclusive :—

Year.	Blind.	Partially Blind.	Total.
1923	8	10	18
1924	5	9	14
1925	7	12	19
1926	3	9	12
1927	4	5	9
1928	4	9	13
1929	6	9	15
1930	3	12	15
1931	1	26	27
1932	3	24	27
1933	8	25	33
1934	9	20	29
1935	7	24	31

(iii) *Deaf.*—At the end of the year 28 deaf and 7 partially deaf children were undergoing special training at schools for the totally deaf or deaf and dumb, or for the partially deaf.

(iv) *Mentally Defective.*—Only children certified to be feeble-minded under the Education Act, 1921, are included in Table III. Children who are ineducable either in ordinary elementary schools or in special schools are referred to the Mental Hospitals Committee ; twenty-three children diagnosed as imbecile, fifteen whose mental condition was such that they were incapable of benefiting from the education provided in a special school for mentally defective children, and seventeen children who were discharged from special schools on attaining the age of 16 years, were referred to that Committee during 1935. At the end of the year, the register contained the names of 231 children who had been certified as feeble-minded under the Education Act, 1921. Of these 99 were in attendance at certified day or residential special schools.

The St. Christopher's Day Special School at Mitcham has been occupied to its full capacity during the year. The annual physical and mental examination of the children attending the school was carried out by one of the Assistant Medical Officers. The report indicated an improvement in the physical and mental state of the majority of the children.

The arrangements for the medical inspection of the pupils attending Occupation Centres maintained by the Surrey Voluntary Association for Mental and Physical Welfare were continued during the year. Sixty pupils were examined medically—38 boys and 22 girls. Eleven were referred for treatment and 31 suffered from a defect which is being kept under observation by the Assistant Medical Officer.

SUNLIGHT TREATMENT.

Treatment by artificial light was available at the Croydon General Hospital, the Locke-King Clinic at Weybridge, and the Farnham Clinic. 4 children made 72 attendances at Croydon, 32 children made 636 attendances at Weybridge, and 6 children made 166 attendances at Farnham.

The following table gives a brief summary of the results of the treatment at Weybridge :—

Disease.	All Groups			Continuing Treatment over 3 months.	Under treatment at end of year.	Results of Treatment.			Not under treatment long enough for results to be known.
	Pre-School.	School.	Total			Definite Improvement.	Slight Improvement.	No Change.	
Rickets ...	3	—	3	—	1	2	—	—	1
Rheumatism	—	3	3	—	1	3	—	—	—
Cervical Adenitis ...	—	4	4	—	3	4	—	—	—
Bronchitis ...	1	5	6	1	—	5	—	—	1
Malnutrition and Debility	4	17	21	1	6	10	7	1	3
Chilblains ...	—	2	2	—	—	2	—	—	—
Phlyctenular Ulcers ...	—	—	—	—	—	—	—	—	—
Alopecia ...	—	1	1	—	—	1	—	—	—

Of the six children who underwent treatment at the Farnham Clinic three who were referred on account of anæmia showed improvement. One case of dermatitis failed to respond to the treatment. The other two children suffering from asthma and bronchitis respectively had been under treatment at the end of the year for too short a time for improvement to be expected.

The analysis of the 4 cases treated at the Croydon General Hospital is as follows :—

Debility	2
Rheumatism	2

All the children are reported to have improved as the result of the sunlight treatment.

SPEECH DEFECTS.

The Committee has approved the attendance of children recommended for special training on account of speech defects at the special speech training centres established by certain Part III. Authorities. It is hoped to arrange during 1936 for a number of children to attend the speech clinics at Reigate, Guildford and Wimbledon. It was ascertained that there were 48 children for whom special speech training would be beneficial.

It is intended to give further consideration during the ensuing year to the extension of facilities for special training for defects of speech in the light of the experience gained from the present proposals.

CHILD GUIDANCE.

A number of children have been referred to Child Guidance Clinics in the London Area.

The Committee has agreed to assist necessitous cases attending the Child Guidance Clinic of the West End Hospital for Nervous Diseases by the payment of travelling expenses.

Two girls, reported as being out of their parents' control, were sent during the year to the Northamptonshire Home for Mal-adjusted Girls, and both are still in residence.

INFECTIOUS DISEASE.

No alteration has been made in the procedure in connection with cases of infectious disease notified from schools.

A summary of notifications received from Head Teachers is given in Table V. Table VI. shows the schools closed during the year, together with the period of closure, and the reason for closure in each case. 124 certificates that the attendances were reduced below 60 per cent. in any one week on account of infectious disease were issued in connection with 57 schools.

The following table shows the total exclusions on account of the principal infectious diseases and the number of schools closed on account of outbreaks of these diseases each year from 1929.

	1929		1930		1931		1932		1933		1934		1935	
Exclusions for	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded	No. of schools closed	No. of children excluded
Measles	17	2,204	16	5,985	2	872	10	6,953	5	2,674	3	7,915	4	2,619
Whooping Cough	3	2,009	1	823	1	1,900	—	1,760	—	1,888	—	2,487	—	1,873
Scarlet Fever ..	3	1,421	4	1,227	—	1,024	1	834	—	1,913	—	2,366	1	1,746
Chicken Pox ..	1	1,661	—	2,598	—	2,700	—	2,998	—	2,669	—	3,212	—	3,063
Diphtheria ..	5	854	1	748	1	511	—	211	3	526	—	679	—	569
Mumps	—	2,038	—	3,364	—	806	1	1,024	—	1,562	—	3,342	1	5,304

The number of children excluded from school on account of infectious disease shows a decrease of approximately 5,000 as compared with the previous year. It will be noted that the incidence of mumps was greater than in any year since 1928 and that the number of cases of Scarlet Fever reported dropped to well under 2,000. Cases of Scarlet Fever were reported from practically every school in the County; in 14 schools more than ten cases were reported from each school.

The cases of Diphtheria were reported from 94 schools; the following is a list of the schools at which the majority of the cases occurred, and the number of cases reported :—

Coulsdon and Purley, Chipstead Valley J.M. and I.	8
Coulsdon and Purley, Smitham Bottom Central M.	8
Frimley and Camberley, Yorktown G.	7
Mitcham, Gorringe Park Infants	18
Chertsey, Ottershaw M....	7

SCHICK TESTING AND IMMUNISATION AGAINST DIPHTHERIA.

As in former years, the new entrants to the Southern Railway Orphanage, Woking, were immunised against diphtheria. The material is supplied by the Orphanage Authorities and the injections are given by the Assistant Medical Officer in the area.

During the year many District Councils inaugurated schemes for the immunisation of children against diphtheria.

The following table gives the number of children in Urban and Rural Districts who have been immunised against diphtheria during the year :—

	No. of Children attending Schools who have been immunised either at School or at Clinics.
Banstead—Urban	20
Carshalton—Urban	799
Caterham and Warlingham—Urban	Nil
Chertsey—Urban	181
Dorking—Urban...	91
Egham—Urban	1,092
Epsom and Ewell—Urban	167
Esher—Urban	82†
Farnham—Urban	134
Frimley and Camberley—Urban	369
Haslemere—Urban	600
Leatherhead—Urban	Nil
Maldens and Coombe—Urban	264
Merton and Morden—Urban	175
Mitcham (M.B.)	60
Reigate (M.B.)	28*
Richmond (M.B.)	27*
Sutton and Cheam (M.B.)	236
Walton and Weybridge—Urban	149
Bagshot—Rural	220
Dorking and Horley—Rural	Nil
Godstone—Rural	293
Guildford—Rural	601
Hambledon—Rural	386

* Secondary School Pupils.
† Children at Shaftesbury Homes.

In the Farnham Urban District 146 children who had been immunised in 1934 were Schick tested with the result that 145 gave a negative reaction and one a positive.

The Assistant Medical Officers and Health Visitors have assisted the District Medical Officers of Health in this work either at the Clinics or at the Schools.

OPEN-AIR EDUCATION.

(i) *Playground Classes.*—Advantage is taken of fine weather in many parts of the County to hold classes in the open-air.

(ii) *Summer Camp.*—The summer camp at the Henley Fort was occupied during this (fourteenth) season for a period of 21 weeks. 600 scholars and 29 teachers in 14 parties from 37 schools took advantage of the facilities offered.

The County Medical Officer wishes to take this opportunity of expressing his appreciation of the work done at the Henley Fort School Camp.

It is interesting to note that this year the cost of maintenance has been 6s. 7¾d. per head for the week. The campers were particularly fortunate in that no case of infectious disease was notified during the season.

A full report by Mr. Lance Rawes, Chairman of the School Camp Committee, who takes a very keen interest in this work, has been submitted to the Education Committee.

An Assistant Medical Officer examines each child on the day previous to entering camp in order to ensure that no child showing signs of infectious or contagious disease is sent to the Camp and that all are free from vermin. During their stay in camp the children were, as in former years, under the medical supervision of the Assistant Medical Officer of the Guildford area who was available at any time in case of accident or sudden illness.

(iii) *Open-Air Classrooms in Public Elementary Schools.*—None.

(iv) *Day Open-Air Schools.*—None.

(v) *Residential Open-Air Schools.*—The Education Committee has considered the provision of a Residential Open-Air Special School for delicate children and approval has been given to the establishment of such a school. It is hoped that a suitable site will be secured during the forthcoming year.

During the year 94 delicate children were sent to residential special schools, of whom 77 were still in residence at the end of the year. The special schools which are most largely used are the St. Catherine's Home, Ventnor, and the St. Dominic's Home, Hambledon. Other Schools to which children are sent are Hayling Island, Broadstairs, Ramsgate, Worthing and Harpenden. The children

sent to these schools are those classified as delicate, *i.e.* children whose general health makes it desirable that they should be educated in a residential special school.

Children requiring only short stays in convalescent homes are referred to the various voluntary associations which provide this form of treatment.

PHYSICAL TRAINING.

The Organiser of Physical Training in the County reports as follows :—

" The work done in connection with the 1933 Board of Education Syllabus continues to progress. It is the largest and most comprehensive publication yet issued, and it is satisfactory to realise that the material in it is so broad and far-reaching, that it will tend to keep the physical training in the schools fresh for some time to come.

Classes for teachers were again held in nine centres :—
Oxted, Sutton and St. Helier for Infant Teachers.
Godalming, Woking and Tolworth for Women Teachers.
Mitcham, Dorking and Carshalton for Men Teachers.

Country Dance classes have again been running in seven Centres and at Oxted we were glad to welcome some teachers from Sussex. These classes help teachers to prepare their children for the Annual Competitions held in Guildford, where, during a week in March, nearly 2,000 children dance. This Festival is organised by the West Surrey Branch of the English Folk Song and Dance Society. It is most useful in maintaining the high standard of Folk Dancing in the schools. A similar, though smaller, organisation exists in the East of the County.

Swimming continues to be popular, and numbers increase every year."

PROVISION OF MEALS.

The Committee's Scheme for the provision of meals under Section 84 of the Education Act, 1921, was put into operation in the Spring Term. The scheme provided for the exercise of the powers of the Section only where a recommendation of an individual body of Managers is submitted through the usual channels and approved by the Education Committee. At the end of the year, 282 children were receiving milk free and 64 at half cost.

The existing voluntary schemes for the supply of milk to scholars during the morning interval were continued during the year. At the end of the year 364 departments were providing milk. A census taken on the 1st October showed that 37,942 children were taking milk in schools under the Scheme of the Milk Marketing Board. All suppliers of milk to schools under this scheme must be approved by the County Medical Officer after consultation with the Medical Officer of Health of the district.

In two instances where successful prosecutions had been taken by the Public Control Committee against vendors of milk to schools, the approval of the County Medical Officer of Health was withdrawn and the Head Teacher advised to obtain milk from another source.

Samples of milk supplied to the schools have been taken by the Officers of the Public Control Department and by the District Medical Officers of Health for chemical and bacteriological examination.

Hot mid-day meals arranged through voluntary sources are available in certain schools.

In many schools, particularly in rural districts, arrangements are made either for the provision of hot drinks or for the warming of food brought by children. Small gas stoves or gas rings have been installed in some schools for this purpose.

SCHOOL BATHS.

There are no school baths, but in the summer months children from many of the schools are able to visit swimming baths in the vicinity. 10,244 children from 234 schools attended swimming baths during the season.

CO-OPERATION OF PARENTS AND TEACHERS.

During the year 64 per cent. of the parents accepted the invitation to be present at routine medical inspections.

The large number of parents attending the " entrants " examination is especially gratifying ; of the 10,041 children examined at the " entrants " examination the parents of 8,250 were present.

The teachers render great assistance in the work of the School Medical Service not only in the preparation for the medical and dental inspections, but by their whole-hearted interest in the physical and mental health of the children under their care. Their personal knowledge of the parents and of the home circumstances and the influence which they can exert are a great help in securing that proper treatment is obtained without delay.

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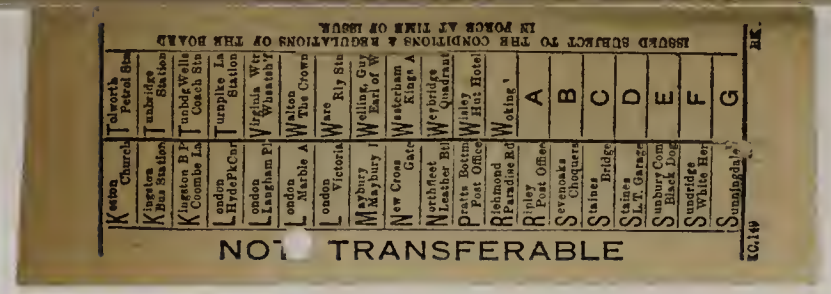
LONDON PASSENGER TRANSPORT BOARD.

Ascot	Elephant and Castle
Ashford War Mem	Englefield Gn St Judes Rd
Barnes Ryl Hotel	Esher The Bear
Biggin Hill Blk H. or PO	Farnborough Grge & Drgn
Blackheath Ryl Stndrd	Feltham Red Lion
Blacknest Seven Stars	Finsbury Pk Station
Bromley Com The Crown	Gravesend Clock Tower
Burpham Green Man	Gt. Cam R. SR Enfild T Stn
Byfleet Corner	Greenhithe Station Rd
Byfleet The Plough	Guildford Hor & Grm
Catford, St. Laurence C	Halstead Polbill A
Chertsey	H'smith Bridge Rd
Chesbunt Old Pond	H'smith Rd Red Cow
Chiswick Empire	Hampton Church St
Cobham White Lion	Hertford Fore Street
Colnbrook The Plough	Hertford Hth College A
Crayford Bridge	Hildenboro' Half Moon
Dartford The Bull	Hoddesdon Clock Twr
East Molesey Police Sta	Honnslow Alcazar P'l

EXCHANGE TICKET. NOT TO BE ISSUED FOR CASH

Bell Punch Company, London.


ISSUED SUBJECT TO THE CONDITIONS & REGULATIONS OF THE BOARD
IN FORCE AT TIME OF ISSUE
K Kelso Church
K Kingston Bus Station
K Kingston B.P. Coombe La.
L London Hyde Pk Cor.
L London Langham Pl.
L London Marble A.
L London Victoria
M Maybury Maybury I.
N New Cross Gate
N Northfleet Heather Bd.
P Pratts Bottom Post Office
R Richmond Paradise Rd.
R Ripley Post Office
S Sevenoaks Chequers
S Staines Bridge
S Staines L.T. Garage
S Sunbury Com. Black Dog
S Sundridge White Hrt.
S Sunningdale P.O.
Tolworth Postal Stn.
Tunbridge Station
Tunbridge Wells Coach Stn.
Turnpike La. Station
Virginia Wtr. Wheatsh'f
W Walton The Crown
W Ware Rly Stn.
W Welling, Guy Earl of W.
W Westerham Kings A.
W Weybridge Quadrant
W Wisley Hut Hotel
W Woking 1
A
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B.K.

The friendliest relations have always existed in Surrey between the teachers and the medical, dental and nursing staff.

CO-OPERATION OF THE SCHOOL OFFICERS.

The friendliest co-operation exists between the School Officers and the members of the School Medical and Nursing Staff to the benefit of the work of the Officers and of the School Medical Service.

Many children absent from school are referred to the Assistant Medical Officer for examination where the School Officer is not satisfied that there is a genuine reason for absence.

VOLUNTARY BODIES.

Care Committees are in existence in connection with many schools and great assistance has been rendered by them in the work of the School Medical Service.

The Voluntary Workers' Advisory Committee continues its interest in the establishment of School Care Committees.

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.

During the year 31 cases of dirty and verminous conditions and of failure to obtain treatment (either medical or dental) were referred to the Society. This compares very favourably with the number of cases referred last year (71). In 23 of the cases treatment was either provided or the condition remedied. 8 cases were under observation at the end of the year.

NURSERY SCHOOLS.

The Education Committee has no Nursery School.

SECONDARY SCHOOLS.

The usual medical and dental inspections of the pupils in 39 secondary, junior technical and day commercial schools in the County were carried out. There are 25 schools provided by the Authority ; 8 are aided but not provided and 6 are junior technical and day commercial schools.

Three routine medical examinations of pupils at secondary schools are held during their school career and two of pupils of day commercial or technical schools. In addition, special examinations are made of any pupils brought forward by parents, the headmaster or headmistress. The number of pupils examined in the various age groups is shown in Table IX.

MEDICAL TREATMENT AND FOLLOWING UP.

The scheme for the medical and dental treatment of secondary school pupils remains unchanged.

Table XB shows that the percentage of pupils found at routine inspections to require treatment was 8.41 ; the comparable figure for the elementary school children was 9 per cent. The following figures show the percentage of pupils referred for treatment each year since 1927 :—

Year.	*Percentage of Pupils Referred for Treatment.*
1927	13.90
1928	11.60
1929	13.40
1930	8.90
1931	9.00
1932	7.60
1933	7.22
1934	6.69

ORTHOPAEDIC TREATMENT.

Pupils from the secondary schools recommended for orthopædic treatment may attend the appropriate Orthopædic Clinic under the Education Committee's Scheme.

Special place pupils secure treatment on the same terms as children attending elementary schools ; fee payers, unless the parents satisfy the Governors that they are unable to bear the cost of treatment, are required to pay the charges included in the scheme directly to the hospital.

During the year 69 secondary school pupils made 1,209 attendances at these clinics ; 35 were fee payers who made 603 attendances.

One girl was admitted to hospital for a minor operation.

CONTINUATION SCHOOLS.

There are no Continuation Schools provided by the Education Authority.

HIGHER EDUCATION FOR THE BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

The Higher Education Committee was responsible during the year for the maintenance, and training at residential institutions of 14 blind, 2 epileptic, 2 deaf and 8 physically defective students.

PARENTS' PAYMENTS.

Parents' contributions towards the cost of the treatment of minor ailments, defects of the nose and throat, of vision and of teeth are collected by the Health Visitors at the clinics.

Contributions in respect of the maintenance of children at residential special schools are collected by the Chief Financial Officer.

EMPLOYMENT OF CHILDREN.

Since March all children of school age who wish to take up part-time employment are required to submit to medical examination by one of the County Assistant Medical Officers within fourteen days of the commencement of the employment. Arrangements are made for the applicants to attend the clinic nearest to their homes.

During the period March to December 1,176 examinations were carried out for this purpose.

In addition to the above, children wishing to take part in stage plays are also required to be medically examined and 94 children were examined and certificates issued. This is an increase of 51 over the number examined in this connection last year.

CHILDREN AND YOUNG PERSONS ACT, 1933.

During the year reports have been required in respect of 16 children who were to appear at the Juvenile Court. 9 of these children were examined by Dr. Steward, the County Mental Specialist, and 7 by the Assistant Medical Officers. In addition to these examinations information has been given as to the previous medical history of the majority of the cases charged before the Court. The Health Visitors have also made reports as to the suitability of the homes suggested for the boarding-out of children who had been placed by the Court in the care of the Education Committee.

MISCELLANEOUS.

(1) *Examinations of Candidates for Special Places during the year.*—314 boys and 238 girls were medically examined to ascertain their fitness to hold scholarships.

28 boy and 19 girl candidates were required to obtain treatment before the award of the scholarships could be confirmed.

(2) *Examination of Elementary School Teachers.*—Five teachers of elementary schools were examined, two of whom were considered to be temporarily unfit for duty.

Assistant Medical Officers have also attended school boxing contests to examine the boys who were to take part in the contest, and to be available in case of need.

SURREY EDUCATION COMMITTEE.

SCHOOL MEDICAL OFFICERS REPORT, 1935.

MEDICAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

TABLE I.

A.—Routine inspections.

Code groups.	Number of children inspected.		
	Boys.	Girls.	Total.
Entrants	5,125	4,916	10,041
Intermediates	4,290	4,367	8,657
Leavers	4,619	4,321	8,940
Totals	14,034	13,604	27,638

B.—Other inspections.

	Number of special inspections.	Number of re-examinations.
Boys	4,559	5,987
Girls	4,429	5,173
Totals	8,988	11,160

TABLE II.

A.—Return of defects found in the course of medical inspection in 1935.

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	—	—	32	90
Skin—				
Ringworm, Head	1	—	63	4
,, Body	4	1	25	1
Scabies	7	—	66	2
Impetigo	34	—	501	5
Other diseases (non-tubercular)	75	119	1,331	110
Eye—				
Blepharitis	44	86	118	13
Conjunctivitis	8	11	132	11
Keratitis	2	—	4	—
Corneal opacities	2	4	1	—
Defective vision (excluding squint)	788	1,266	1,140	159
Squint	125	303	109	17
Other conditions	11	52	143	30
Ear—				
Defective hearing	24	132	32	37
Otitis media	37	87	129	29
Other ear disease	20	28	95	29
Nose and Throat—				
Chronic Tonsilitis only ...	376	1,859	203	194
Adenoids only	61	230	55	53
Chronic Tonsilitis and adenoids	419	868	659	76
Other conditions	29	156	185	113
Enlarged cervical glands (non-tubercular)	9	1,006	63	149
Defective speech	4	123	1	32
Heart and Circulation—				
Heart disease, Organic ...	7	112	5	42
,, ,, Functional ...	7	352	9	43
Anæmia	34	66	23	27
Lungs—				
Bronchitis	20	250	56	62
Other non-tubercular diseases	18	186	72	94
Tuberculosis—				
Pulmonary definite	—	—	2	—
,, suspected ...	1	13	4	6
Non-Pulmonary—				
Glands	—	12	2	2
Spine	—	1	—	1
Hip	—	—	—	—
Other bones and joints ...	—	3	1	1
Skin	—	1	1	—
Other forms	1	15	3	3
Nervous system—				
Epilepsy	—	23	6	8
Chorea	3	38	28	43
Other conditions	13	90	34	77
Deformities—				
Rickets...	6	34	—	2
Spinal curvature	97	380	31	34
Other forms	220	1,180	137	77
Rheumatism	16	217	43	95
Other diseases and defects ...	171	564	1,295	645
Totals	2,694	9,868	6,839	2,416

B.—Number of individual children found at routine medical inspection to require treatment (excluding uncleanliness and dental disease).

Code groups.	Number of children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	10,041	844	8.4
Intermediates	8,657	771	8.9
Leavers	8,940	876	9.8
Totals	27,638	2,491	9.0

TABLE III.

Return of all exceptional Children in the County on the 31st December, 1935.

—	—	—	Boys.	Girls.	Total.
	Children suffering from Multiple Defects (*e.g.*, mental defect, crippling, epilepsy, etc.)	Residential special schools	2	1	3
		Public elementary schools	—	—	—
		At no school or institution	2	3	5
Blind (including partially sighted)	(i) Suitable for training in a school for the totally blind	At certified schools for the blind	3	4	7
		At public elementary schools	—	—	—
		At other institutions	—	—	—
		At no school or institution	1	1	2
	(ii) Suitable for training in a school for the partially sighted	At certified schools for the blind or partially sighted	15	9	24
		At public elementary schools	3	8	11
		At other institutions	—	1	1
		At no school or institution	3	6	9
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a school for the totally deaf or deaf and dumb	At certified schools for the deaf	14	14	28
		At public elementary schools	1	—	1
		At other institutions	—	—	—
		At no school or institution	1	—	1
	(ii) Suitable for training in a School for the partially deaf	At certified schools for the deaf or partially deaf	5	2	7
		At public elementary schools	1	2	3
		At other institutions	—	—	—
		At no school or institution	—	—	—
Mentally Defective.	Feeble-minded	At certified schools for mentally defective children	64	35	99
		At public elementary schools	39	24	63
		At other institutions	7	6	13
		At no school or institution	27	29	56
Epileptics	Suffering from severe epilepsy	At certified schools for epileptics	6	3	9
		At public elementary schools	1	1	2
		At no school or institution	2	2	4
Physically Defective.	(i) Suffering from pulmonary tuberculosis (including pleura and intra-thoracic glands).	At certified special schools	2	3	5
		At public elementary schools	12	14	26
		At other institutions	3	—	3
		At no school or institution	2	6	8
	(ii) Suffering from non-pulmonary tuberculosis (including tuberculosis of all sites other than those shown in (i) above)	At certified special schools	40	33	73
		At public elementary schools	55	51	106
		At other institutions	1	—	1
		At no school or institution	18	11	29
	Delicate children, *i.e.*, all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an open air school	At certified special schools	50	27	77
		At public elementary schools	89	65	154
		At other institutions	2	—	2
		At no school or institution	10	13	23
	*Crippled children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life	At certified special schools	37	33	70
		At public elementary schools	35	53	88
		At other institutions	4	3	7
		At no school or institution	18	17	35
	Children with heart disease, *i.e.*, children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At certified special schools	8	6	14
		At public elementary schools	10	17	27
		At other institutions	1	1	2
		At no school or institution	5	17	22
		Totals	599	521	1,120

TABLE IV.

Group 1.—Treatment (other than of Defective Vision and Tonsils and Adenoids) Carried out during 1935.

	Treatment of defects found prior to 1935.							Treatment of defects found during 1935.									Total defects treated during the year, whether found during 1935 or previously.		
	Routine cases.			Special cases.			Total defects treated—Routine and special.	Routine cases.				Special cases.				Total defects treated—Routine and special.			
	Defects treated.			Defects treated.				Referred for treatment.	Defects treated			Referred for treatment.	Defects treated.						
	Under scheme of Local Education Authority.	Otherwise.	Total.	Under scheme of Local Education Authority.	Otherwise.	Total.			Under scheme of Local Education Authority.	Otherwise.	Total.		Under scheme of Local Education Authority.	Otherwise.	Total.		Under scheme of Local Education Authority.	Otherwise.	Total.
Malnutrition	7	1	8	1	1	2	10	—	1	—	1	32	22	2	24	25	31	4	35
Skin—																			
Ringworm, Head	1	—	1	2	1	3	4	1	—	1	1	63	51	2	53	54	54	4	58
„ Body	—	—	—	1	2	3	3	4	1	1	2	25	24	—	24	26	26	3	29
Scabies	3	1	4	5	—	5	9	7	5	1	6	66	59	5	64	70	72	7	79
Impetigo	9	—	9	10	—	10	19	34	18	3	21	501	448	11	459	480	485	14	499
Other Diseases (non-Tubercular)	9	7	16	34	7	41	57	75	33	16	49	1,331	1,048	46	1,094	1,143	1,124	76	1,200
Eye—																			
Blepharitis	9	2	11	4	—	4	15	44	26	4	30	118	100	3	103	133	139	9	148
Conjunctivitis	2	3	5	1	2	3	8	8	5	1	6	132	102	5	107	113	110	11	121
Keratitis	—	—	—	—	—	—	—	2	2	—	2	4	3	1	4	6	5	1	6
Corneal Opacities	—	—	—	—	—	—	—	2	—	—	—	1	—	1	1	1	—	1	1
Defective Vision / Squint	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Conditions	—	—	—	5	4	9	9	11	2	2	4	143	108	12	120	124	115	18	133
Ear—																			
Defective Hearing	4	5	9	10	3	13	22	24	8	11	19	32	25	2	27	46	47	21	68
Otitis Media	7	6	13	7	3	3	16	37	14	10	24	129	98	9	107	131	126	28	154
Other Ear Disease	5	—	5	—	—	—	5	20	12	4	16	95	75	4	79	95	92	8	100
Nose and Throat—																			
Chronic Tonsilitis only / Adenoids only / Chronic Tonsilitis and Adenoids	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Conditions	6	5	11	11	6	17	28	29	9	4	13	185	134	20	154	167	160	35	195
Enlarged Cervical Glands (non-Tubercular)	—	2	2	4	6	10	12	9	—	1	1	63	34	9	43	44	38	18	56
Defective Speech	—	—	—	—	1	1	1	4	—	—	—	1	—	—	—	—	—	1	1
Heart and Circulation—																			
Heart Disease, Organic	—	—	—	—	—	—	—	7	—	4	4	5	1	2	3	7	1	6	7
„ „ Functional	1	1	2	—	1	1	3	7	—	5	5	9	3	3	6	11	4	10	14
Anæmia	7	3	10	1	—	1	11	34	18	4	22	23	19	1	20	42	45	8	53
Lungs—																			
Bronchitis	7	8	15	6	2	8	23	20	1	6	7	56	34	8	42	49	48	24	72
Other non-Tubercular Diseases	3	—	3	1	4	5	8	18	—	6	6	72	46	7	53	59	50	17	67
Tuberculosis—																			
Pulmonary, Definite	—	—	—	—	1	1	1	—	—	—	—	2	—	—	—	—	—	1	1
„ Suspected	—	—	—	—	—	—	—	1	1	—	1	4	1	—	1	2	2	—	2
Non-Pulmonary—																			
Glands	—	—	—	—	—	—	—	—	—	—	—	2	—	1	1	1	—	1	1
Spine	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Bones and Joints	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	—	1
Skin	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	—	1	1
Other Forms	1	—	1	—	—	—	1	1	—	—	—	3	—	3	3	3	1	3	4
Nervous System—																			
Epilepsy	—	1	1	—	—	—	1	—	—	—	—	6	1	4	5	5	1	5	6
Chorea	—	1	1	2	6	8	9	3	2	—	2	28	11	8	19	21	15	15	30
Other Conditions	1	1	2	4	3	7	9	13	6	2	8	34	26	2	28	36	37	8	45
Deformities—																			
Rickets	3	—	3	—	—	—	3	6	3	—	3	—	—	—	—	3	6	—	6
Spinal Curvature	10	3	13	4	—	4	17	97	61	5	66	31	21	2	23	89	96	10	106
Other Forms	46	11	57	14	4	18	75	220	92	12	104	137	100	9	109	213	252	36	288
Rheumatism	—	—	—	—	1	1	1	16	1	6	7	43	19	7	26	33	20	14	34
Other Diseases and Defects	27	25	52	49	37	86	138	171	42	40	82	1,295	886	145	1,031	1,113	1,004	247	1,251
Totals	168	86	254	176	95	264	518	925	363	149	512	4,673	3,500	335	3,835	4,347	4,207	665	4,872

	Treatment of Defects found for the first time					
	Results Good			Results Bad		
	Defects treated			Defects untreated		
	Treated at home			Referred to Hospital		
	Cases	Defects	Total	Cases	Defects	Total
Skin—						
Malnutrition	7	1	8	1	1	2
Ringworm, Head	1	—	1	5	1	3
" Body	—	—	—	1	2	3
Scabies	3	1	4	2	—	2
Impetigo	6	—	6	10	—	10
Other Diseases (non-Tuberculous)	6	2	10	31	2	41
Eye—						
Blepharitis	6	5	11	4	—	4
Conjunctivitis	3	3	2	1	2	3
Keratitis	—	—	—	—	—	—
Corneal Opacities	—	—	—			
Defective Vision	—	—	—	—	—	—
Squint	—	—	—	—	—	—
Other Conditions	—	—	—	2	4	6
Ear—						
Defective Hearing	4	2	6	10	3	13
Otitis Media	7	6	13	2	1	3
Other Ear Disease	2	—	2	—	—	—
Nose and Throat—						
Chronic Tonsilitis and Adenoids						
Adenoids only	—	—	—	—	—	—
Chronic Tonsilitis only						
Other Conditions	6	2	11	11	6	17
Enlarged Cervical Glands (non-Tuberculous)	—	3	3	1	9	10
Defective Speech	—	—	—	—	1	1
Heart and Circulation—						
Heart Disease, Organic	—	—	—	—	—	—
" " Functional	1	1	5	—	1	1
Anæmia	7	3	10	1	—	1
Lungs—						
Bronchitis	7	8	12	6	5	8
Other non-Tuberculous Diseases	3	—	3	1	4	5
Tuberculosis—						
Pulmonary, Definite	—	—	—	—	1	1
" Suspected	—	—	—			
Non-Pulmonary—						
Glands	—	—	—		—	—
Spine	—	—	—	—	—	—
Hip	—	—	—	—	—	—
Other Bones and Joints	—	—	—	—	—	—
Skin	—	—	—	—	—	—
Other Forms	1	—	1	—	—	—
Nervous System—						
Epilepsy	—	1	1	—	—	—
Chorea	—	1	1	2	8	8
Other Conditions	1	1	3	4	3	7
Deformities—						
Rickets	3	—	3	—	—	—
Spinal Curvature	10	3	13	4	—	4
Other Forms	40	11	51	14	4	18
Kyphosis	—	—	—	—	1	1
Other Diseases and Defects	51	32	83	44	31	38
Total	168	80	324	136	92	504

TABLE IV.—*Contd.*

Group II.—Treatment of visual defects during 1935

	Defects referred for treatment.	Number of defects dealt with.				Number of children.												
						For whom spectacles were prescribed.			Who obtained spectacles.			Recommended for treatment other than by spectacles.			Received other forms of treatment.			For whom no treatment was considered necessary.
		Under the authority's scheme.	By private practitioner or hospital.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	Under the authority's scheme.	Otherwise.	Total.	
During 1935...	2,162	1,496	74	59	1,629	993	109	1,102	950	109	1,059	52	5	57	51	5	56	470
Outstanding from previous years ...	—	324	28	28	380	260	51	311	261	51	312	10	—	10	10	—	10	69
Total defects treated during 1935 ...	—	1,820	102	87	2,009	1,253	160	1,413	1,211	160	1,371	62	5	67	61	5	66	539

Group III.—Treatment of defects of nose or throat during 1935.

	Defects referred for treatment.	Number of defects.														
		Received operative treatment.									Received other forms of treatment.			Total number treated.		
		Under local authority's scheme.			By private practitioner or hospital apart from authority's scheme.			Total.								
		Tons.	Aden.	T. & A's	Tons.	Aden.	T. & A's	Tons.	Aden.	T. & A	Tons.	Aden.	T. & A's	Tons.	Aden.	T.& A's
During 1935...	1,773	83	23	777	4	3	21	87	26	798	18	1	3	105	27	801
Outstanding from previous years ...	—	54	17	453	12	2	26	66	19	479	10	1	4	76	20	483
Total defects treated during 1935 ...	—	137	40	1,230	16	5	47	153	45	1,277	28	2	7	181	47	1,284

TABLE IV.—*Contd.*

Group IV.—Treatment of dental defects.

(*a*) Number of children dealt with.

	Routine age groups.												Specials	Total routines and specials
	5	6	7	8	9	10	11	12	13	14	Other Ages	Total.		
Inspected by Dentists ...	4,087	7,316	7,539	7,771	7,892	7,894	7,521	7,626	7,665	5,056	522	70,889	4,769	74,658
Referred for treatment ...	2,138	3,965	4,403	4,851	5,106	5,135	4,713	4,845	4,876	3,186	310	43,528	3,583	47,111
Treatment completed ...	1,167	2,461	2,454	2,468	2,456	2,431	2,084	1,973	1,928	1,320	161	20,903	—	20,903
„ not completed ...	76	221	257	336	358	334	310	357	412	328	34	3,023	—	3,023

(*b*) Particulars of time given and operations undertaken.

	No. of half days devoted to inspection.	No. of half days devoted to treatment.	Total No. of attendances made by the children at the clinics.	No. of permanent teeth.		No. of temporary teeth.		Total No. of fillings.	No. of administrations of general anæsthetics included in (4) and (6).	No. of other operations.	
				Extracted.	Filled.	Extracted.	Filled.			Permanent teeth.	Temporary teeth.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Elementary	1,026	4,667	37,644	7,464	18,827	33,418	846	19,673	9,934	5,883	575
Secondary	108	146	3,276	646	2,878	131	9	2,887	241	1,075	7

Group V.—Uncleanliness and verminous conditions.

(*a*) Work of health visitors.

Total number of visits to schools.	Average number of visits per school.	Total number of examinations of children in schools	Number of instances of uncleanliness.					Action taken.								
			Clothing filthy.	Nits.	Lice.	Bodies verminous.	Total.	First warning notice issued.	Second warning notice issued.	Excluded.			No. of Prosecutions.	No. fined.	Adjourned or withdrawn on improvement.	Discharg'd with a caution or dismissed
										1st time	2nd time	3rd time				
7,244	16.8	347,001	530	17,361	1,199	26	19,116	5,799	3,519	1,221	451	243	33	24	9	—

(*b*) Children cleansed at Barnes cleansing station.

Number of children cleansed.			Prosecutions.		
				Result:	
Verminous heads.	Verminous bodies.	Total.	Number.	Fines imposed.	Withdrawn on improvement.
—	—	—	—	—	—

TABLE V.

NOTIFICATIONS OF COMMUNICABLE DISEASES BY HEAD TEACHERS OF ELEMENTARY SCHOOLS DURING 1935.

(*a*) INFECTIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Infection at home.	Total exclusions.
Small Pox	—	—	—	—
Diphtheria	208	20	341	569
Scarlet fever	840	50	856	1,746
Enteric fever	3	—	—	3
Measles	1,914	143	562	2,619
Whooping Cough	1,408	279	186	1,873
German measles	307	24	129	460
Chicken-pox	2,281	74	708	3,063
Mumps	4,851	251	202	5,304
Jaundice	98	2	25	125
Other	312	19	10	341
Totals	12,222	862	3,019	16,103

(*b*) CONTAGIOUS DISEASES.

Disease.	Suffering.	Excluded on suspicion.	Total exclusions.
Ringworm	81	16	97
Scabies	41	4	45
Impetigo	162	13	175
Ophthalmia	5	1	6
Other	19	5	24
Totals	308	39	347

TABLE VI.

SCHOOL CLOSURE ON ACCOUNT OF INFECTIOUS DISEASE IN 1935.

Name of school.	School closed on account of infectious disease.		Reason for closure.
	From	To	
Abinger, Okewood C.E.	19–12–35	20–12–35	Scarlet Fever.
Capel, Coldharbour C.E.	1– 2–35	6– 2–35	Influenza Colds.
Cobham Council Infants	29–11–35	9–12–35	Measles.
Cobham, Downside C.E.	13–12–35	20–12–35	Measles.
Godstone, Blindley Heath C.E. ...	10–12–35	20–12–35	Mumps.
Hambledon C.E.	6– 3–35	18– 3–35	Measles and Whooping Cough.
Walton-on-Thames, Hersham Council Infants	30– 5–35	7– 6–35	Measles.

TABLE VII.

CHILDREN OF SCHOOL AGE WHO RECEIVED TREATMENT IN SANATORIA OR HOSPITALS DURING THE YEAR.

Institution.	Male.	Female.
Ascot, Heatherwood Hospital	1	—
Alton, Lord Mayor Treloar's	7	7
Brompton Hospital	—	1
Clandon, Alexandra Hospital for Children	1	—
Farnham, Heath End Sanatorium	6	—
Frimley, Burrow Hill Sanatorium	2	—
Harpenden, National Children's Home Sanatorium ...	7	6
Haslemere, Holy Cross Sanatorium	—	6
Margate, Royal Sea-Bathing Hospital	11	12
Margate, Victoria Home	11	8
Nayland, East Anglian Sanatorium	—	1
Pinner, St. Vincents	1	2
Pyrford, St. Nicholas Hospital	19	21
Ramsgate, Holy Cross Convent	1	—
Royal National Orthopaedic Hospital (Stanmore County Branch)	6	3
St. Thomas's Hospital, S.E.1	1	1
Seven Oaks, Children's Hospital for Hip Disease ...	2	4
University College Hospital	1	1
Victoria Park Hospital	2	—
Total	79	73

TABLE VIII.

CASES REFERRED TO THE N.S.P.C.C. DURING 1935.

Condition.	No. of cases.	Result.		Still under supervision
		Treatment provided.	Condition improved.	
Defective vision	2	1	—	1
Dirty and neglected ...	10	—	9	1
Enlarged tonsils & adenoids	10	6	2	2
Extensive dental caries ...	3	2	—	1
Miscellaneous	6	3	—	3
Totals	31	12	11	8

MEDICAL INSPECTION OF PUPILS ATTENDING SECONDARY SCHOOLS.

TABLE IX.

A.—Routine inspections.

Code groups.	Number of pupils inspected.		
	Boys.	Girls.	Total.
Entrants	1,411	1,095	2,506
Intermediates	733	603	1,336
Leavers	1,336	1,001	2,337
Totals	3,480	2,699	6,179

B.—Other inspections.

	Number of special inspections.	Number of re-examinations.
Boys	122	610
Girls	204	318
Totals	326	928

TABLE X.

A.—Return of defects found in the course of medical inspection in 1935.

	Routine inspections.		Special inspections.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	—	—	—	1
Skin—				
Ringworm, Head	—	—	—	—
,, Body	—	—	—	—
Scabies	—	—	1	—
Impetigo	1	—	—	—
Otherdiseases(non-tubercular)	6	24	2	2
Eye—				
Blepharitis	5	9	1	1
Conjunctivitis	1	—	—	—
Keratitis	—	—	—	—
Corneal opacities	—	—	—	—
Defective vision (excluding squint)	334	674	68	41
Squint...	6	26	1	—
Colour sense	—	15	—	—
Other conditions	1	1	2	—
Ear—				
Defective hearing	7	41	2	—
Otitis media	5	7	—	2
Other ear disease	5	3	2	—
Nose and Throat—				
Chronic Tonsilitis only ...	15	124	2	5
Adenoids only...	1	17	—	1
ChronicTonsilitis and adenoids	9	39	2	—
Other conditions	3	30	—	6
Enlarged cervical glands (non-tubercular)	1	56	—	—
Defective speech	2	21	—	—
Heart and Circulation—				
Heart disease, Organic ...	—	17	—	1
,, ,, Functional ...	—	52	—	6
Anæmia	2	13	2	2
Lungs—				
Bronchitis	5	28	—	1
Other non-tubercular diseases	1	30	—	1
Tuberculosis—				
Pulmonary definite	—	—	—	—
,, suspected ...	—	2	—	2
Non-Pulmonary—				
Glands...	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other bones and joints ...	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous system—				
Epilepsy	—	—	—	—
Chorea...	—	6	—	1
Choreiform movements ...	—	6	—	3
Headaches	3	—	—	3
Other conditions	2	15	2	3
Deformities—				
Rickets	—	—	—	—
Spinal curvature	39	338	2	10
Flatfoot	38	479	2	7
Other diseases and defects ...	57	271	10	49
Thorax	—	16	—	2
Overstrain	1	2	—	—
Digestion	1	1	1	—
Constipation	1	—	—	—
Catamenia—				
Amenorrhœa	—	1	—	—
Menorrhagia	—	—	—	—
Dysmenorrhœa	1	—	1	—
Totals	553	2,364	103	150

B.—Number of individual pupils found at routine medical inspection to require treatment (excluding uncleanliness and dental diseases).

Code groups.	Number of pupils.		Percentage of pupils found to require treatment.
	Inspected.	Found to require treatment.	
Entrants	2,506	210	8.38
Intermediates	1,336	73	5.46
Leavers	2,337	237	10.14
Totals	6,179	520	8.41

TABLE XI.

Group I.—Treatment of defects found at routine and special inspections.

	Defects treated.				
	At Hospital	By private practitioner.	Otherwise	Scheme.	Total.
Malnutrition	—	—	—	1	1
Skin—					
Ringworm, Head	—	—	—	—	—
,, Body	—	—	—	—	—
Scabies	—	—	—	—	—
Impetigo	—	—	—	1	1
Other diseases (non-tubercular) ...	1	4	1	6	12
Eye—					
Blepharitis	—	1	—	4	5
Conjunctivitis	—	—	—	1	1
Keratitis	—	—	—	—	—
Corneal opacities	—	—	—	—	—
Defective vision	29	110	113	168	420
Squint...	1	—	1	5	7
Other conditions	—	2	1	—	3
Ear—					
Defective hearing	2	6	3	4	15
Otitis media	1	1	—	2	4
Other ear disease	1	3	—	1	5
Nose and Throat—					
Chronic Tonsilitis only	1	4	2	3	10
Adenoids only	—	2	1	1	4
Chronic Tonsilitis and adenoids ...	2	2	—	4	8
Other conditions	—	1	2	—	3
Enlarged cervical glands (non-tubercular)	1	—	—	—	1
Defective speech	—	1	—	—	1
Heart and Circulation—					
Heart disease, Organic	—	1	1	—	2
,, ,, Functional	—	—	—	—	—
Anæmia	—	2	—	2	4
Lungs—					
Bronchitis	1	—	1	—	2
Other non-tubercular diseases ...	1	—	—	—	1
Tuberculosis—					
Pulmonary, definite	—	—	—	—	—
,, suspected	—	—	—	—	—
Non-Pulmonary—					
Glands	—	—	—	—	—
Spine	—	—	—	—	—
Hip	—	—	—	—	—
Other bones and joints	—	—	—	—	—
Skin	—	—	—	—	—
Other forms	—	—	—	—	—
Nervous System—					
Epilepsy	—	—	—	—	—
Chorea	—	—	—	—	—
Choreiform movements	—	—	—	—	—
Other conditions	1	2	—	1	4
Deformities—					
Rickets...	—	—	—	—	—
Spinal curvature	2	4	6	37	49
Flat foot	4	2	10	30	46
Other diseases and defects	8	12	13	26	59
Digestion	—	1	1	—	2
Constipation	—	—	—	—	—
Catamenia—					
Amenorrhœa	—	—	—	—	—
Menorrhagia	—	—	—	—	—
Dysmenorrhœa	—	—	1	—	1
Totals	56	161	157	297	671

GROUP II.—TREATMENT OF VISUAL DEFECTS.

Number of defects dealt with.				Number of pupils.							
				For whom spectacles were prescribed.				Who obtained spectacles.			
Under Authority's Scheme.	By private practitioner or hospital.	Otherwise.	Total.	Under Authority's Scheme.	By private practitioner or hospital.	Otherwise.	Total.	Under Authority's Scheme.	From private practitioner or hospital.	Otherwise.	Total.
173	254		427	120	238		358	118	238		356

GROUP III.—TREATMENT OF DEFECTS OF NOSE OR THROAT.

Number of defects.																	
Received operative treatment.												Received other forms of treatment.			Total number treated.		
Under Authority's Scheme.			By private practitioner			At hospital.			Total.								
Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s	Tons.	Aden.	T. & A.'s
3	1	4	4	2	2	1	—	2	8	3	8	2	1	—	10	4	8

GROUP IV.—DENTAL INSPECTION.

	Routine age groups.											Total.	Special.	Total.	No. of sessions devoted to inspection.
	8 and under	9	10	11	12	13	14	15	16	17	Over 17				
Inspected by dentist ...	63	69	230	685	1,300	1,497	1,726	2,078	1,134	348	96	9,226	173	9,399	108
Referred for treatment ...	31	33	110	329	629	776	944	1,102	621	173	45	4,793	123	4,916	—
Treatment completed ...	—	10	19	111	221	251	267	303	168	38	25	—	—	1,413	—
Treatment not completed ...	—	1	5	16	49	46	54	91	57	11	2	—	—	332	—